

**“EFFECTIVENESS OF REMINISCENCE THERAPY ON THE  
LEVEL OF DEPRESSION AMONG ELDERLY ADULTS  
RESIDING IN THE SELECTED OLD AGE HOME AT  
VELLORE”**

BY

**JOYCE MERCY SELVAKUMARI .G**



*A Dissertation submitted to*

**THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY,  
CHENNAI.**

*In Partial Fulfilment of the requirement for the Degree of*

**MASTER OF SCIENCE IN NURSING**

**APRIL – 2016.**



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**APPROVED BY DISSERTATION COMMITTEE ON:**

**RESEARCH GUIDE**

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Internal Examiner

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## **DECLARATION**

I hereby declare that the present dissertation entitled **"Effectiveness of Reminiscence therapy on the level of Depression among elderly adults residing in the selected old age home"** is the outcome of the original research work undertaken and carried out by me, under the guidance of Mrs. **J. Sunitha Priyadharshini M.Sc., (Nursing), M.Sc., (Psy)**, Principal, Arun College of Nursing, **Mrs. Joyce Ketzia. P, M.Sc. (N) HOD, Psychiatric Nursing and Mr. Sagar. K, M.sc (N)**, Lecturer, Psychiatric Nursing, Arun College of Nursing, Vellore District.

I also declare that the material of this has not found in any way, the basis for the award of any degree or diploma in this university or any other universities.

**M.Sc., (N) II Year.**

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## **CERTIFICATE**

*Certified that this is a Bonafide Work of*

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*For the degree of Master of Science in Nursing for the*

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# CHAPTER-1

## INTRODUCTION

### **“Remembering Yesterday, Caring Today”-Pam Schweitzer**

Aging is a process that begins with conception but in practice, aging is regarded as that phase in life when body functioning begins to decline in the loss of adaptive response to stress and in increasing risk of age related disease. It has been recognized in the gerontology that growing old inevitably means the loss of significant life supports. Depression constitutes the most common emotional disorders found in older people. The prevalence rate of major depressive disorder in the elderly range from 2% to 10% with milder forms of depression.

The World Health Organization estimated that the overall prevalence rate of depressive disorders among elderly generally varies between 10% and 20%. The number of this category aged 60 years and above was estimated at 600 million in the year 2000 or thirty percent (30%) of the world population. It is projected that the number of the older persons will reach 1.2 billion in the year 2025 and 2 billion in the year 2050.

The Madras institute of ageing survey reported that around 21, 214 elderly living in old age homes in India and about 354 old age homes are there in India. In India, depression is found in 1-6% of the general population; among psychiatric outpatients it is 5-20% and among elderly 13-22% are found suffering from depression. In USA, 15% of elderly experiencing significant depression. In the US, 6 million elderly are suffering from depression, but only 10% are receiving treatment. The elderly patients with significant symptoms of depression have roughly 50% higher costs than non-depressed elderly.

The cross-sectional study was conducted over a period of eight months (from March 1 to October 31, 2002) in the three taluks of Udupi, Kundapura, and Karkala; belonging to the

Udupi district of South India. The sample comprised of 627 people in the age group of 60 years. Simple random sampling method, using the probability proportionate to size technique was used. The prevalence rate of depression in elderly population was determined to be 21.7% (95% CI = 18.4 - 24.9).

The Indian version of WHO-five well-being index (1998 version) showed a sensitivity of 97.0%, specificity of 86.4%, positive predictive value of 66.3% and an overall accuracy of 0.89. The Kappa statistics showed that significantly high reliability of the  $k = 0.71$ . Thirty four studies have reported prevalence of depression in the community dwelling elderly with widely varying findings (0.4-35%). The point prevalence of depressive disorders in the elderly population in India varies from 13 to 25%.

The cross-sectional study was conducted on depression among elderly adult in Surat city. Sample size were 105 interviews elderly belonging to different socioeconomic and varying demographic groups of Surat city. The study shows that the prevalence of depression was moderately high (39.04%) among the elderly. Studies have revealed that the prevalence rates for depression in community samples of elderly in India vary from 6% to 50% The study concluded that there was a higher rate of depression in literates, mainly because of a higher life expectancy amongst them.

The report on global burden of disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs). In view of the morbidity, depression as a disorder has always been a focus of attention of researchers in India.

**Kenne.N.et.al.,(2010)**conducted a experimental study on home based activity programme among elderly people with depression. The sample comprised of depression in late life interventional trial exercise among 193 elderly people aged 75 years and older depressive symptoms by using geriatric depression scale (GDS – 15). The result showed that significant improvements in mood and quality of life in elderly people.

**Kristen. L. Mark. (2006)** conducted a study on elderly depression is a serious medical condition. The chances of developing a depressive illness are estimated to be 1 in 5 for women and 1 in 10 for men. About 13% of national population is over age 65 suffers from medical illness, there is a greater contributions to the mental health problem, especially the prior go to depression.

**Palson et al. (2006)** conducted a study on “natural history of depression in the oldest old - population. The consequences of both major and minor depression in older adults are severe and include diminished quality of life, functional decline marked disability increased service utilization and high mortality from co morbid medical conditions. Results show that during a mean follow up of 3.9 years, the annual risk for emergence of depression was 6.8%. Among the 77 participants the depression prevalence was 15%.

**Martine G Cole and Nandini Dendukuri (2003)** conducted a study on systematic review and met analysis on “Risk factors of depression among elderly” in community setting. The data shows that in qualitative met analysis, risk factors identified were disability, new medical illness, poor health status, prior depression, poor self perused health and bereavement. Study concludes that bereavement, sleep disturbances, disability, prior depression and female gender were the significant risk factors.

Reminiscence therapy is used predominately in elderly patients. This reminiscence therapy has been used in elderly, such as depressive condition. It has often been used in nursing



homes or assisted living facilities, as it provides a sense of continuity in one's life. Patients with chronic conditions may also benefit from reminiscence therapy, as they often suffer socially and emotionally.

The researcher report that practice of reminiscence therapy to elderly adults at a local community center. A questionnaire administered after the group reminiscence therapy session revealed that 97.3% of participants enjoyed the experience of talking, 98.7% enjoyed listening to others, 89.2% felt that the group work with reminiscence therapy would help in their daily life, and 92.6% wished to continue in the program. The researchers suggest their results support the previously reported effects of increased life satisfaction, self-esteem and reduce the level of depression in elderly adults.

#### **NEED FOR THE STUDY**

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide.

According to world health organisation, Almost 1 million lives are lost yearly due to depressive suicidal, which translates to 3000 suicidal deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life .Depressive symptoms are the more frequent among the oldest old but higher frequency is explained by factors associated with aging such as higher proportion of more physical disability, more cognitive impairment, and lower socio economic status.

Depression is not an inevitable part of growing old. It is a serious condition resulting from an imbalance in brain chemicals, which may be triggered by a number of factors genetic, psychological, and environmental. There are many treatment options and many ways to get help and support for coping with depression. The good news from brain research is that the vast majority of people with depression can be treated effectively, often with a combination of medications and psychotherapy.

The National Institute of Mental Health (NIMH) reports that in disability-adjusted life years (DALYs), depression is the leading individual disease or disorder in the US and Canada with an estimated 10.3 years lost due to illness, disability, and premature death, more than ischemic heart disease, alcohol use disorders, or pulmonary diseases.

A study was conducted in west Bengal gives overall prevalence of depressive disorders among the elderly of 60 years. The study determined the prevalence of depressive disorders in the elderly population to be 22.0%, 24.1% and 13.5% respectively. However, a high prevalence of depressive disorders of 52.2% among the elderly  $\geq 60$  years was observed.

A study from Chennai Urban Rural Epidemiology Study (CURES), involving 26,001 subjects randomly recruited from 46 of the 155 corporation wards of Chennai city in South India. The study included 25,455 old age people participants in this study. The overall prevalence of depression was 15.1%. And was higher in females (females 16.3% vs. males 13.9%). This is the largest population-based study from India to report on prevalence of depression and shows that among urban south Indians, the prevalence of depression was 15.1%. Age, female gender and lower socio-economic status are some of the factors associated with depression in this population.

A study was conducted in MG, University on World Health Day (2003), to assess the impact of depression and perceived loneliness in the 85 years older people. Depression was present

in 23% and associated with marital state, institutionalization, and perceived loneliness. However, those who suffered from both depression and feelings of loneliness had a 2.1 times higher mortality risk. The data suggest that the increased mortality risk attributable to depression in the presence of perceived loneliness may result from motivational depletion.

A study from Europe shows Substantial differences in the prevalence of depression were found, with Iceland having the lowest level at 8.8%, followed by Liverpool 10.0%; Zaragoza 10.7%; Dublin 11.9%; Amsterdam 12.0%; Berlin 16.5%; London 17.3%; Verona 18.3% and Munich 23.6%.

**American psychiatric association (2000)** report that there is also a fourfold increase in death rates in major depressive disorder individuals over the age of 55. The presence of MDD in connection with other illnesses is associated with more pain and physical illness, as well as decreased social, physical, and occupational functioning. These include catatonic features, melancholic features, and atypical features. Catatonic features include motoric immobility, possibly excessive motor activity, extreme negativism, mutism, echolalia, and echopraxia. They occur in 5-9% of inpatients. Melancholic features include loss of interest or pleasure in most or all activities, and a failure to improve even if something good occurs. Atypical features include mood reactivity, changes in weight or sleep, paralysis, or extreme sensitivity to rejection.

**Jing Ly Wang (2004)** was conducted longitudinal quasi-experimental study on “the effects of reminiscence therapy on depressive symptoms and mood status of the older institutionalized adults in Taiwan”. 48 subjects completed the study, with 25 in the experimental group and 23 in the control group. The results showed that the experimental group demonstrates fewer depressive symptoms ( $p < 0.05$ ) and better mood status ( $p = 0.05$ ) on post-test comparing to the

control group. The study concluded that reminiscence therapy is a recommended therapy for older people.

**Chou K.L (2004)** A descriptive study was conducted among elderly over 65 years to find out the prevalence of depression related to stress in the community dwelling area at Taiwan. The sample size was 1500 subjects and data was collected using geriatric mental state schedule. The study result showed that prevalence of psychiatric disorders is (37.7%) and six percentage of major depression. The researcher concluded that prevalence of depression was more in old age people.

**Prince et al.,(2000)** A study was conducted in Taiwanese on depression .The sample comprised of 201 elders in rural community were participated in the study. The result revealed that there was a high association among depression level and mood status. The study recommended the efficacy of interventions for treating and preventing stress in older rural community dwelling elders.

## **STATEMENT OF THE PROBLEM**

A Study to assess the effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.

## **AIM OF THE SUDY**

To reduce the level of depression among elderly adults through reminiscence therapy.

## **OBJECTIVES**

1. Assess the level of depression among elderly adults.
2. Evaluate the effectiveness of reminiscence therapy on the level of depression.
3. Associate the level of depression with selected demographic variables among elderly adults.

## **OPERATIONAL DEFINITIONS**

### **1. Effectiveness**

The outcome of reminiscence therapy to reduce the level of depression.

### **2. Reminiscence therapy**

Is the process of receiving, organizing and evaluating the overall pictures of one's life which includes social life of the individual, pleasurable memories of their own culture and personal life achievements.

### **3. Depression**

Depression which include sadness, loss of interest, in activities and decreased energy, loss of confidence and self esteem, inappropriate guilt, thoughts, of death and suicide, diminished concentrations and disturbances of sleep and appetite as measured by the geriatric depression scale for elderly adults.

### **4. Elderly adults**

Elderly adults who are in age group of 61 - 75 years residing in selected old age homes.

## **ASSUMPTION**

- Elderly adults suffer from depression.
- Elderly adults enjoy in sharing recalling the past experience.
- Reminiscence therapy may have effect on reducing the level of depression among elderly adults.

## **HYPOTHESIS**

- H<sub>1</sub>: There will be a significant difference between the pre-test and post-test in the level of depression among elderly adults.
- H<sub>2</sub>: There will be a significant association between the level of depression and their selected demographic variables.

## **DELIMITATION**

The study is delimited to

- 50 samples of elderly with the age group 61-75 years.
- Selected Poondi Mahan old age home, Vanjur in Vellore.
- One pre-test and post-test.

## **CHAPTER – II**

### **REVIEW OF LITERATURE**

Literature review is defined as a broad comprehensive, in depth, systematic and critical review of scholarly publication, unpublished printed or audio visual materials and personal communications.

- (S.K. Sharma, 2005)

The Review of literature provides a social background for a research study. The main goal of literature review is to obtain comprehensive knowledge regarding Effectiveness of Reminiscence therapy on the level of depression among elderly adults. It is a systematic identification, location and summerization of written material that contain information relevant to the problem.

“To Reminiscing with my old friends, A chance to share some memories. And play our songs again.”

-Ricky Nelson

This chapter deals with the information collected with relevant to the present study through published and unpublished materials. These publications were the foundation to carry out the research work. Highly extensive review of literature pertaining to research topic was done to collect maximum information for laying foundation of the study.

## LITERATURE RELATED TO OLD AGE

**Grimby (2005)** conducted a study among elderly age range of 76-year old in the city of Swedish Urban citizens regarding health related quality of life was measured in terms of energy, pain, emotions, sleep, social isolation and mobility with the Nottingham health profile. The sample of 500 and 65 participants were analysed. The result showed that impaired quality of life was correlated to observed and perceived illness, institutionalization, widowhood, loneliness and financial discontent. Women reported more pain, emotional, sleep and mobility problem than men.

**Neal krause (2004)** conducted a study is to examine the relationships among lifetime exposure to traumatic events, emotional support, and life satisfaction in three cohorts of older adults. Face-to-face interviews were conducted with a nationwide sample of 1,518 older people. Approximately 500 elders were interviewed in each of the following age cohorts: Young-old age 65–74, old 75–84, and 85 and older. The result suggest that exposure to lifetime trauma is associated with less life satisfaction in all three age cohorts. The data further reveal that emotional support offsets the effects of trauma on feelings of life satisfaction in the young old, old and the oldest-old.

**Henderson et al., (2004)** conducted study on many factors correlated to an individual's ability to successfully adjust to a grief and loss experience. In their longitudinal study of 125 bereaved individuals identified several coping factors related to grief and loss. In addition, the presence of social support for bereaved individuals was correlated with successful. The result showed that individual's mental and physical health prior to the grief experience is significantly correlated with healthy adjustment to grief and loss.

**Elizabeth M. Alder (2004)** conducted a cross-sectional study in Scotland on why older people are reluctant to participate in leisure time physical activity and to identify strategies to



encourage increased activity. The sample comprised of 409 randomly selected older people range of 65–84 years who lived independently were interviewed .Forty-six percent of those invited to take part were recruited into the study at home. The result showed that levels of knowledge about the specific health benefits of physical activity were high. Regression modelling identified 11 factors that exerted significant independent effects on levels of leisure time physical activity.

**Jane Seymour (2010)** conducted a study on to explore the attitudes of older people towards home as a place of care when dying. A two-phase qualitative study using focus groups and semi-structured interviews. Eight focus group discussions were held with 32 participants recruited from six purposively selected community groups representing older people in Sheffield, UK. The sample of 16 men and 29 women participated in semi-structured interviews. The Participants anticipated that home would be their ideal place of care during dying, practical and moral problems. Some had no informal carer. Others did not want to be a ‘burden’ to family and friends. The result showed that Participants identified that home was more than a physical location, representing familiarity; comfort and the presence of loved ones.

## **LITERATURE RELATED TO DEPRESSION AMONG ELDERLY ADULTS**

**Subramani Poongathai (2009)** conducted a study on prevalence of depression in an urban south Indian population. The study involving 26,001 subjects randomly recruited from 46 of the 155 corporation wards of Chennai city in South India. The sample size was 25,455

subjects participated in this study .The result showed that the prevalence of depression was 15.1%. was higher in females and also higher among divorced 26.5% and widowed 20%.

**Eise Yokoyamma (2010)** conducted a cross sectional and longitudinal study on association between depression and three subtypes of insomnia, namely, difficulty initiating sleep ,early morning awakening,and difficulty maintaining sleep in Community dwellers in Japan. The sample size was 6,700 in the age group  $\geq 65$  years was used multistage stratified sampling method in conformity with the population composition at the time.The result showed that the longitudinal study revealed a statistically significant relationship, controlling for other relevant factors, between Draft international standard and the presence of depression three years later, but not between European medicines agency orDiagnostic melancholia scale and depression.

**K.Nanji (2010)** conducted a study to identify factors associated with depression among elderly age of 60 in Karachi, Pakistan. The sample consisted of 234 depressed cases and 468 non-depressed controls were selected from four tertiary care hospitals in Karachi. The result showed that the risk factors for depression were, living in nuclear family system, hearing and visual impairment.

**SairaJawed (2011)** conducted a cross sectional study on to examine the role of sociocultural factors on depression among elderly of twin cities (Rawalpindi and Islamabad) of Pakistan..The sample of 310 older adults participated in the study.The result showed that significant mean differences among gender, marital status, family system, and status of employment on depression. Financial crisis, feeling of dejection because of isolation, and trend of nuclear family system have been observed as strong predictors of depression in older adults.

**Jahnavi (2011)** conducted a cross-sectional study in Bengaluru Kannada version on to assess the prevalence of depression and information regarding the sociodemographic characteristics, financial status, and comorbid conditions were collected. The sample comprised of 100 elderly people. The result showed that depression was more among from medium standard of living index (SLI) group 70.6% compared to 24 28.9% from high group, which was shown to be statistically significant.

**Syed Muhammed (2012)** conducted a cross-sectional study on to find out the prevalence of depression and to identify associated risk factors among community dwelling elderly in Karachi. The sample consisted of 284 community-dwelling elderly residing in Karachi, Pakistan. A non-probability convenience sampling was done. The result showed that 16.5% respondents were depressed while 23.6% were suggestive of depression.

**Ryuta Fukunaga (2012)** conducted a study on to investigate factors associated with depression in a sample of elderly Japanese individuals in a rural community and to examine differences among factors associated with individuals living alone or living with others. A sample comprised of 1552 participants aged 65 years or older by mailing a survey and evaluating responses based on the Geriatric Depression Scale. The result showed that depressed subjects comprised of 20.5% of the sample was significantly related to depression.

**Upulsenarath (2012)** conducted a study to describe the prevalence of depression and its associated factors among adult patients attending primary care settings in the Northern Province in Sri Lanka. A sample of 12,841 patient records was included in the analysis. A total score of  $\geq 10$  in the PHQ-9 was considered as major depression. The result showed that the prevalence was rising significantly with advancing age, and ranged from 0.3% in the youngest to 11.6% in the elderly.

**Ke-Xiang Zhao (2012)** conducted a Qualitative meta-analysis of cross-sectional studies and of longitudinal studies were performed. The sample consisted of 250 samples. The result showed that, compared with younger participant's older age groups had a significantly higher risk for depression. Compared with participants aged 55–89, those aged above 90 years had no higher risk for depression.

**Mrs. Deepa (2013)** conducted a correlational study on depression among elderly. The convenient sample consisted of 120 institutionalized elderly from Mangalore and Udupi district of Karnataka. The result showed that a significant negative correlation between depression and Physical, Psychological, Social quality of life, overall quality of life and overall health.

**Stanley, P C (2013)** a descriptive cross-sectional study was conducted among 150 elderly in Nigeria. Depression among the elderly is associated with very high morbidity and suicide rates. The respondents completed a structured interviewer-administered questionnaire containing the Geriatric depression scale. The result showed that the men were significantly more educated than the women. 42 (28%) of the patients were found to be depressed. 34 (80.9%) of them were female. This difference was statistically significant.

**Naveen Kumar D (2013)** conducted a cross-sectional study on the prevalence of depression on elderly people attending the General Medicine OPD of Sri Venkateswara Ram Narain Ruia Government General Hospital, Tirupati. The result showed that there were significant differences observed with reference to age, gender, literacy and economic status. Prevalence of depression was 44.8% (51.0% women, 39.6% men).

**Wan Mohd Yunus (2013)** conducted a cross-sectional study in Sungai Tenggi, Malaysia on Loneliness and depression among the elderly in an agricultural settlement. The sample comprised of 161 community-based elderly Subjects were investigated with De Jong

Gierveld Loneliness Scale, Geriatric Depression Scale and Medical Outcome Survey Social Support Survey. Data were analyzed using Pearson correlation, linear and hierarchical regression. The Result indicated that social support partially mediated the relationship between loneliness and depression.

## **LITERATURE RELATED TO REMINISCENCE THERAPY ON THE LEVEL OF DEPRESSION AMONG ELDERLY ADULTS.**

**Ellen Davis Jones (2003)** conducted a study on quasi experimental design to determine the effects of a 3-week, six-session Nursing Interventions Classification (NIC) reminiscence intervention on the level of depression among elderly women residing in one assisted-living long-term care facility using a pre-test-posttest. A convenience sample of 30 women (M = 81.7 years) participated in the study. The result showed that a nurse-initiated intervention, NIC reminiscence therapy, was an effective treatment in reducing symptoms of depression among elderly women.

**Shu-Yuan Chao (2006)** conducted a study on quasi experimental design to evaluate the effects of Group reminiscence therapy on depression, self esteem, and life satisfaction of elderly in nursing home residents. A sample of 12 elders in the experimental group. 12 elders were recruited for a control group were measured one week before and after the therapy. The results indicated that group reminiscence therapy significantly improved the self-esteem, depression and life satisfaction.

**Annie M H. Chin (2007)** conducted a study on meta analysis of controlled trials on “clinical effects of reminiscence therapy in older adults .The intervention of reminiscence therapy involving the participants and sharing past events to enhance psychological well

being is a popular psychosocial intervention for older adults. The results showed that the reminiscence therapy showed significant beneficial effects on happiness and depression.

**Rinsen (2009)** conducted a study on the comparative effects of reminiscence on self-esteem, self-health perception, depressive symptoms, and mood status of elderly adults residing in long-term care facilities and at home in Taiwan. A sample of 48 elderly people was selected of which 25 were institutionalised and 23 were non-institutionalised home-based elderly people. The results showed that reminiscence therapy is especially appropriate for older people who reside in care facilities. And reminiscence offers a method for promoting healthy aging.

**F. Sharif (2010)** conducted a study on a quasi-experimental design, in Shiraz, with measurements of depressive symptoms on a group of elderly people before, immediately after and 1 month after the reminiscence therapy intervention. A sample of 49 people aged 60+ years participated in 6 group reminiscence sessions that were held twice weekly for a 3-week period. The result showed that only marital status was statistically significant difference in depression scores comparing before and after the intervention.

**Helen Christensen (2010)** conducted a study on effectiveness of a range of reminiscence therapy treatment for depression in older people. A sample of 120 elderly range of  $\geq 60$  years, and give a rating of the level of evidence. The result showed that the treatment of reminiscence therapy for depression significantly improved evidence to reduce the level of depression.

**Kai-Jo Chiang (2011)** conducted an experimental study on to examine the effects of reminiscence therapy on psychological well-being, depression, and loneliness among institutionalized elderly people. The sample of 92 institutionalized elderly people aged 65 years and over were recruited and randomly assigned to two groups. The result showed that

after providing the reminiscence therapy to the elderly in the experimental group, a significant positive short-term effect on depression, psychological well-being, and loneliness, as compared to those in the comparison group was found.

**Ting-ji Chen (2012)** conducted a randomized control trial study on the effectiveness of reminiscence therapy on depressive symptoms of Chinese elderly. The sample consisted of 60 older adults with mild to moderate depression who will be randomly assigned to an experimental or a control condition. The participants in the experiment group will receive the reminiscence therapy under the Watt's protocol with adaptation to Chinese Culture which consists of six weekly sessions of 90 minutes each. The control group will be treated as before. The result showed that the subject's perceptions of treatment efficacy, or therapist competency did not influence the outcome measures.

**Dan song (2013)** conducted a study on meta analysis effects of group reminiscence on elderly depression. The study was randomised controlled trials that assessed the effects of group reminiscence on depression in elderly patients were systematically reviewed using multiple electronic databases. The sample comprised of 50 the relative risks for dichotomous data and weighted mean differences for continuous data were calculated with 95% confidence intervals. The result showed that group reminiscence significantly improved self-esteem and life satisfaction ( $p < 0.01$ ).

**V. Hemavathy (2013)** conducted a study on pre experimental design of one group pre test and post test was selected for this study to evaluate the effectiveness of reminiscence therapy on level of depression among elderly adults in Chennai hospital. The sample comprised of 30 both male and female elderly patients are selected for the study using purposive sampling technique. The result showed that the effectiveness of reminiscence therapy on depression among elderly adult shows 8.1 significant at the level of  $P < 0.05$  which

implying that there was significant decreasing in level of depression among elderly adults in post test.

## **CONCEPTUAL FRAMEWORK**

The conceptual framework for this study was based on Wiedenbach's "Helping Art of clinical Nursing theory" (1964). According to Wiedenbach, person is a human being with unique potential to develop internal resources to maintain and strive towards self-direction and independence.

Wiedenbach views nurses as an agent who perceive patient's behavior as consistent or inconsistent with her concept of comfort or capability. Nurse is described as one who acts, thinks, feels, and helps patients to overcome difficulties. Finally, nurse reconstructs experience to ascertain to meet the needs and thereafter takes further appropriate action to validate the outcome.

The theory describes in three steps as identification, ministrations and validation. The present study was also planned with the following three steps: I) identification the level of depression among elderly adults ii) ministrations is providing intervention of reminiscence therapy and iii) validation is the effectiveness of reminiscence therapy based on the level of depression by using reminiscence function scale.

### **STEP I: IDENTIFICATION**

Identification involves individualization of the patient, their experiences, and recognition of the patient's perception of the condition. In the present study identification denotes identifying the demographic variables of age, gender, religion, education, marital status, types of family, if spouse is alive whether he or she is residing in this home, economic status, period of stay, mode of entry as well as identifying the level of depression among elderly adults using geriatric depression scale in pretest.



## **STEP II: MINISTRATION**

Ministration is providing the needed help. It requires the identification of the need for help, the selection of a helping measure appropriate to that need, and the acceptability of the help to the patient. In the present study ministration includes a group based reminiscence therapy for a period of 60 minutes following which the practice was reinforced by the researcher.

## **STEP III: VALIDATION**

Validation is the evidence that shows the patient's functional ability restoration as a result of the help given. In the present study the last component, validation provides the evidence for changes on the level of depression through intervention done between the pretest and posttest on level of depression.

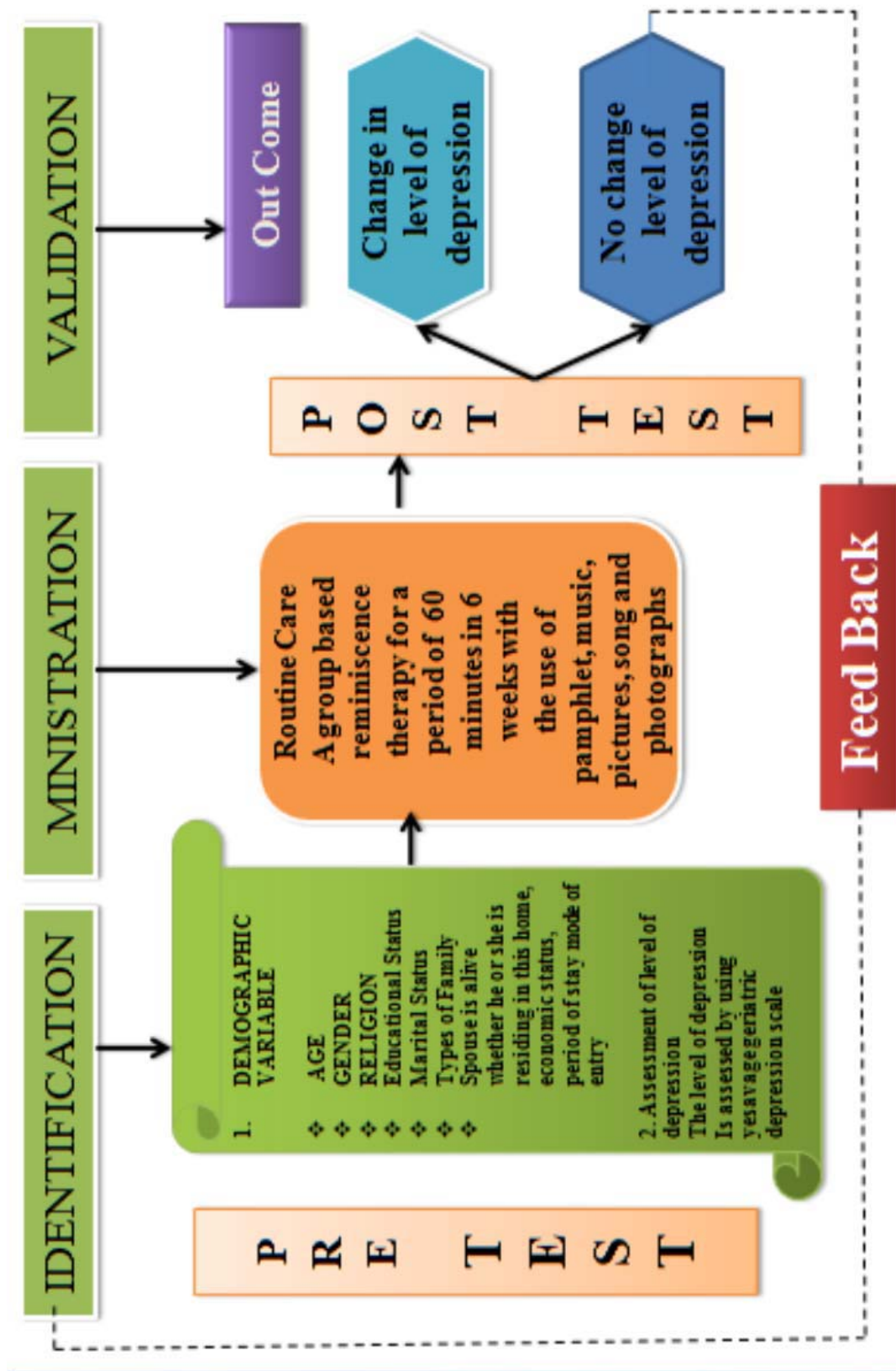


Figure-1 Conceptual frame work based on wiedenbach's "helping art clinical nursing theory" (1964)

## **CHAPTER – III**

### **METHODOLOGY**

This chapter covers the research design and methodology, including sampling, population, establishing rigour during and after data collection, ethical considerations and data analysis. The research methodology involves a systematic procedure by which the researcher had a start from the initial identification of the problem to its final conclusion.

The present study deals with the steps taken by investigator to assess the effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.

#### **RESEARCH APPROACH**

According to Polit (2008) experimental research is an extremely applied form of research and involves finding out how well a practice are working and to assess the sucesss of the programme.

#### **RESEARCH DESIGN**

The research design selected for this study is Pre experimental design.

Pre experimental design-one group pre and posttest.

NR ⇒	GROUP	PRE-TEST	INTEVENTION	POST-TEST
	STUDY GROUP	O1	*X	O2

**Keys:**

- NR - Non-Randomisation
- O<sub>1</sub> ,O<sub>2</sub> - Assessment on level of depression
- X - Reminiscence therapy on level of depression
- \* - Routine care

A Single test group was selected and the dependent variable depression level was measured. Independent variable reminiscence therapy intervention was introduced and againdependent variable depression level was measured.The effect of treatment independent variable would be equal to the level of phenomena mean value after the nursing intervention.

**SETTING OF THE STUDY**

The study was conducted in Poondi Mahan old age home, Vanjur in Vellore. The total strength of elderly is 60.The campus has a unique environment with adequate facilities.

**POONDI MAHAN OLD AGE HOME**

It is situated8 km away from the Arun college of Nursing,Vellore. It has resident population of 23 males and 37females.It is managed bycharitable trust of constructive workers.

## **POPULATION**

The study population included elderly adults refers to both male and female subjects, who are in age group of 61 - 75 years residing in Poondi Mahan old age home, Vanjur in Vellore.

## **VARIABLES**

### **Independent variable**

The variable hypothesized to the outcome variable of interest. In this study the independent variable is reminiscence therapy

### **Dependent variable**

The variable hypothesized to depend on or be caused by another variable. In this study the dependent variable is level of depression among elderly.

### **Sample**

The elderly between the age group of 61-75years atPoondi Mahan old age home, Vanjur in Vellore.

### **Sample size**

A sample of 50 elderly who meet the inclusion criteria will be chosen for this study.

## **SAMPLING TECHNIQUE**

Convenience sampling technique was used to select the sample.

## **CRITERIA FOR SAMPLE SELECTION**

### **Inclusion criteria**

Elderly

- With age group between (61 -75).
- Elderly who are willing to participate in the study.
- Both male and female.

### **Exclusion criteria**

Elderly

- With sensory deficit like hearing and vision impairment.
- Other chronic illness.
- Not interested in the study intervention.

## **DESCRIPTION OF THE TOOL**

The tool used for the study has three sections:

Section I: Demographic variables

Section II: Yesavage Geriatric depression scale

SectionIII: Reminiscence function scale

### **Section I: Demographic variables**

The Demographic variables consist of age ,gender, religion, education, marital status, types of family, if spouse is alive whether he or she is residing in this home, economic status, period of stay, mode of entry.

## **Section II: Yesavage Geriatric depression scale**

Geriatric depression scale is standardised instrument to assess the level of depression among old age people, developed by yesavage (1982).This tool consists of 30 questionnaires with yes/no options to assess the level of depression among old age people.The researcher interviews the study participants and marks yes/no along with the score.It consists of positive and negative response of 30 items,each depressive answer count one.Questions 1,5,7,9,15,19,21,27,29 and 30 has “No” response count one for each and for the rest if response is “Yes”count one.Scores are added and interpreted as follows.

### **Score interpretation**

- Mild depression 0-10
- Moderate depression 11-17
- Severe depression >17

## **Section III: Reminiscence function scale**

Reminiscence Function Scale rate that statement as

1. Never
2. Rarely
3. Seldom
4. Occasionally
5. Often
6. Very frequently reminiscence rate the statement as 6.

This tool consists of 43 listed statements to assess the level of reminiscence function scale among elderly adults.

### **Scoring:**

- Boredom score Reduction: 16,37,11,21,3,19

- Death preparation:33,35,29,38,9,2
- Identity:32,26,36,8,10,24
- Problem-Solving:39,31,18,42,12,4
- Conversation: 22,7,34,28,6
- Intimacy Maintenance: 5,25,14,41
- Bitterness Revival:43,40,13,15,17
- Teach/Inform:1,23,30,27,20

## **RELIABILITY OF THE STUDY INSTRUMENTS**

Polit and hungler (2007) Reliability is the degree of consistency with which an instrument measure the attribute which is design to measure. Geriatric depression scale a standardised tool developed by Yesavage. The tool was considered with an r value of 0.94. Reminiscence function scale a standardised tool developed by Webster. The tool was considered with an r value of 0.84.

## **PILOT STUDY**

A pilot study is a small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and effect size in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale.

The pilot study was carried out during 12<sup>th</sup> to 24<sup>th</sup> October, 2015. The pilot study helped to assess the feasibility of study. Ten samples of elderly were selected by convenience sampling technique. Intervention was based on reminiscence therapy. Pretest and posttest were conducted. The time taken to collect the data from elderly was 60 minutes each during pretest and posttest. The findings of the study revealed that it was statistically significant improvement in depression level and it was feasible to conduct the study.

## **DATA COLLECTION PROCEDURE**

The data collection is the gathering of information need to address the research problem. The data collection was done on period of 6 weeks from 2-11-15 to 12-12-15. Prior



permission was obtained from the selected destitute home for conducting the study through proper channel. Elderly adults were selected by convenient sampling technique after obtaining their consent and assuring confidentiality. The pre-test level of depression was assessed from the samples using structured interview following which reminiscence therapy was given for 60 minutes. After 6 weeks the level of depression score was assessed from the samples.

Data was collected through interview method by using instruments Demographic variable proforma, Geriatric depression scale – standardised instrument to assess depression among elderly in pre test and post test and use of Reminiscence function scale in post test after collecting the samples of mild depression among elderly adults residing in the Poondi Mahan old age home, Vanjur in Vellore.

#### **PLAN FOR DATA ANALYSIS**

Descriptive statistics like frequency, percentage, mean and standard deviation to describe the demographic variables and depression level of elderly adults and inferential statistics like paired t-test and chi-square test to assess the effectiveness of reminiscence therapy on the level of depression among elderly. And to associate the selected demographic variables and post test level of depression among elderly adults.

#### **ETHICAL CONSIDERATION**

Approval from research committee and concerned authorities was obtained. Informed written consent was obtained from the study participants. Confidentiality was maintained throughout this study. Thus ethical issues were ensured in this study.

## CHAPTER – IV

### ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 50 elderly adults. Statistical procedures enable the investigator to reduce, summarize, organize, evaluate, interpret and communicate the numerical data into a meaningful information.

Kerlinger (1973) defined analysis as categorizing, ordering, manipulating and summarizing the data in an intelligible and interpretable form. The collected data were grouped and analyzed by using descriptive and inferential statistics. The data collected from 50 elderly adults have been analyzed and presented in the tables as mentioned below.

The data was collected from elderly in Poondi Mahan old age home, Vanjur in Vellore to assess the effectiveness of reminiscence therapy on the level of depression among elderly adults. The data were analysed to the objectives and hypotheses of the study. Analysis of study was completed after all the data was transferred to the master coding sheet. The investigator used descriptive and inferential statistics for analysis.

### ORGANIZATION OF FINDINGS

Percentage distribution of prevalence of depression among elderly adults.

<b>Table-1</b>	Frequency and percentage of demographic variables among elderly adults.
<b>Table-2</b>	Comparison between pretest and post test score on level of depression among elderly adults.
<b>Table-3</b>	Comparison of mean and standard deviation of pre test and post test score on level of depression among elderly adults.
<b>Table-4</b>	Association between the selected demographic variables and post test score on the level of depression among elderly adults.

**Percentage distribution of prevalence of depression among elderly adults**

Prevalence of depression among the elderly residing in the selected old age home were mild (24%), moderate depression (20%), severe depression (56%) and overall as 95%. These findings indicate that depression is highly prevalent among the elderly adults in the selected old age home.

**TABLE – 4.1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES AMONG ELDERLY ADULTS**

(N=50)

<b>Demographic Variables</b>		<b>Frequency</b>	<b>Percentage %</b>
Age	61- 65 Years	12	24.00%
	66 -70 Years	22	44.00%
	71- 75 Years	16	32.00 %
Gender	Male	23	46.00 %
	Female	27	54.00 %
Religion	Christians	8	16.00 %
	Hindu	38	76.00 %
	Muslim	4	8.00 %
	Others	0	0.00 %
Educational Status	Primary	6	12.00 %
	High school	20	40.00 %
	Higher secondary graduate and above	4	8.00 %
	Illiterate	20	40.00 %
<b>Demographic Variables</b>		<b>Frequency</b>	<b>Percentage %</b>
Marital Status	Unmarried	7	14.00 %

	Married	9	18.00 %
	Divorced / Separated	20	40.00 %
	Widow /Widower	14	28.00 %
Types of Family	Nuclear	22	44.00 %
	Joint	28	56.00 %
Spouse is alive, whether he / she is residing in this home	Yes	5	10.00 %
	No	45	90.00 %
Economic Status	Pensioners	15	30.00 %
	Govt. Aid	13	26.00 %
	Family support	6	12.00 %
	No support	16	32.00 %
Period of Stay	1 -5 Years	18	36.00 %
	6 -10 Years	4	8.00 %
	10 Years and above	28	56.00 %
Mode of Entry	Self	9	18.00 %
	Family	24	48.00 %
	Others	12	24.00 %
	Ngo	5	10.00 %

**Table-1** illustrates the frequency and percentage distribution of demographic variables among elderly adults including age, gender, religion, education, marital status, type of family, spouse is alive whether he/she is residing in this home, economic status, period of stay, mode of

entry in old age home.

Out of 50 elderly, 12(24%) were in 61-65 years, 22 (44%) were in 66-70 years, 16 (32%) were in 71-75 years of age group.

Regarding the gender male 23(46%), female 27 (54%).With regard to religion 8 (16%) were Christians, 38(76%) were Hindu. 4(8%) were Muslims.

Regarding the educational status 6 (12%) were primary, 20 (40%) were high school 4 (8%) were higher secondary and graduate above, 20 (40%) were illiterate.

Regarding the marital status 7 (14%) were unmarried, 9 (18%) were married, 20 (%) were divorced/separated, 14 (28%) were widow/widower.

Regarding the type of family 22 (44%) were in nuclear family, 28 (56%) were in joint family.

Regarding if spouse is alive, whether he/she is residing in this home, 5 (10%) are in yes and 45 (90%) are in no category.

With regard the source of income 15 (30%) are pensioners, 13 (26%) are getting help from government aid, 6 (12%) are in family support, 16 (32%) are no support.

Regarding the period of stay 18 (36%) were staying for 1-5 years, 4 (8%) were staying for 6-10 years, 28 (56%) were staying for 10 years and above.

With regard the mode of entry 9 (18%) were self 24 (48%) were family, 12 (24%) were others, 5 (10%) were Ngo.

















**TABLE-2: COMPARISON BETWEEN PRE- TEST AND POST – TEST SCORE ON  
LEVEL OF DEPRESSION AMONG ELDERLY ADULTS.**

**(N=50)**

Scoring Level	Pre Test		Post Test	
	Frequency (f)	Percentage %	Frequency (f)	Percentage %
Mild	12	24	20	40
Moderate	10	20	16	32
Severe	28	56	14	28
Total	50	100	50	100

The data presented in the **TABLE-2** revealed that majority of elderly adults had mild (24%), moderate (20%), severe level of depression (56%) before reminiscence therapy. However after reminiscence therapy it was mild (40%), moderate (32%), and severe (28%) level of depression.

**TABLE-3 : COMPARISON OF MEAN AND STANDARD DEVIATION OF PRE TEST AND POST TEST LEVEL OF DEPRESSION AMONG ELDERLY ADULTS.**

**(N=50)**

Test	Mean	Standard Deviation	Standard Error Mean
Pre Test	17.28	7.7038	1.0895
Post Test	13.2	6.4365	0.910259

The data presented in **TABLE-3** depicted that in the pre-test the mean and standard deviation of elderly adults before reminiscence therapy (M=17.88, SD=7.7038) whereas after reminiscence therapy the mean and standard deviation of elderly adults in post test (M=13.2, SD=6.4365).It can be attributed to the effectiveness of reminiscence therapy on reducing depression.

**TABLE -4 : COMPARISON OF MEAN AND STANDARD DEVIATION OF PRE TEST AND POST TEST LEVEL OF DEPRESSION AND EFFECTIVENESS OF REMINISCENCE AMONG ELDERLY ADULTS.**

**(N=50)**

Test	Paired Differences					t
	Mean	Standard Deviation	Standard Error Mean	95 % Confidence Interval of the Difference		
				Lower	Upper	
Pre-test Post test	4.08	11.19555	1.58329	1.26332	6.8967	2.5769*

Significant at \* P <0.05

The data presented in **TABLE -4** reveals the improvement score of depression mean is 4.08 and standard deviation 11.19555. Since there is a significant difference between the pre test and post test level. Hence the reminiscence therapy was effective on level of depression among elderly adults.

**TABLE 4.5: ASSOCIATION BETWEEN THE SELECTED DEMOGRAPHIC VARIABLES AND POST TEST LEVEL OF DEPRESSION AMONG ELDERLY ADULTS.**

(N=50)

Sl. no	Demographic Variables	Post test						Chi Square X <sup>2</sup>	P Value
		Mild		Moderate		Severe			
		n	%	N	%	n	%		



1	Age	61-65	3	6%	7	14%	2	4%	5.6473	0.2271 NS
		66-70	6	12%	5	10%	11	22%		
		71-75	3	6%	5	10%	8	16%		
2	Gender	Male	8	16%	10	20%	5	10%	4.7342	0.0938 NS
		Female	14	28%	4	8%	9	18%		
3	Religion	Christians	3	6%	2	4%	3	6%	3.9055	0.6895 NS
		Hindu	6	12%	9	18%	23	46%		
		Muslim	1	2%	2	4%	1	2%		
		Others	0	0%	0	0%	0	0%		
4	Education	Primary	2	4%	1	2%	3	6%	3.1329	0.7920 NS
		High School	3	6%	8	16%	9	18%		
		Higher Secondary graduate & above	1	2%	2	4%	1	2%		
		Illiterate	6	12%	5	10%	9	18%		
5.	Marital Status	Unmarried	4	8%	1	2%	2	4%	4.3385	0.6310 NS
		Married	5	10%	2	4%	2	4%		
		Divorced / Separated	6	12%	8	16%	6	12%		
		Widow / Widower	4	8%	4	8%	6	12%		
Sl. no	Demographic Variables		Post test						Chi Square X <sup>2</sup>	P Value
			Mild		Moderate		Severe			
			n	%	N	%	n	%		
6	Type of Family	Nuclear	8	16%	3	6%	11	22%	5.4296	0.0662 NS
		Joint	4	8%	11	22%	13	26%		
7	Spouse is alive.		2	4%	2	4%	1	2%	3.05882	0.2167 NS

	whether he/she is residing in this home >	Yes								
		No	6	12%	15	30%	24	48%		
8	Economic Status	Pensioners	6	12%	3	6%	6	12%	6.4784	0.3718 NS
		Govt. Aid	5	10%	3	6%	5	10%		
		Family Support	3	6%	2	4%	1	2%		
		No Support	12	24%	2	4%	2	4%		
9	Period of Stay	1-5 Years	8	16%	5	10%	5	10%	1.6369	0.8021 NS
		6-10 Years	1	2%	1	2%	2	4%		
		10 Years & above	15	30%	6	12%	7	14%		
10	Mode of Entry	Self	3	6%	4	8%	2	4%	8.0885	0.2317 NS
		Family	18	36%	3	6%	3	6%		
		Others	9	18%	1	2%	2	4%		
		NGO	2	4%	2	4%	1	2%		

\*p<0.001

**Table-4 Association between the selected demographic variables and post test score on the level of depression among elderly.**

It was depicted that there was no statistically significant association between the effectiveness of reminiscence therapy on level of depression and selected demographic variable such as age, gender, religion, educational status, marital status, type of family, spouse is alive whether he or she is residing in this home, economic status, period of stay, mode of entry in old

age home ( $p > 0.001$ ). Null hypotheses (HO2) with regard to association between the level of depression and demographic variable was retained.

## **EFFECTIVENESS OF REMINISCENCE FUNCTION SCALE IN POST TEST LEVEL OF MILD DEPRESSION AMONG ELDERLY ADULTS.**

**(N=20)**

### **Scoring:**

- Boredom score Reduction : 480

- Death preparation : 493
- Identity : 320
- Problem-Solving : 344
- Conversation : 289
- Intimacy Maintenance : 432
- Bitterness Revival : 444
- Teach/Inform : 465

By using of reminiscence function scale in post test level of 20 mild depressive elderly adults where reporting higher score on death preparation, boredom score reduction, teach/inform, bitterness revival, and intimacy maintenance.

## **CHAPTER – V**

### **DISCUSSION**

This chapter deals with the discussion of the results based on the stated objectives and provides explanation for testing hypothesis, leading to conclusion, recommendation for further generalization and utilization of the study result. The purpose of the study was to assess the effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.

A total of 50 elderly adults who fulfilled the inclusion criteria were selected. The Yesavage geriatric depression scale for depression was used to measure the level of depression. The reminiscence therapy was implemented for 50 elderly adults.

The reminiscence therapy was administered 7 days in a week in the morning after breakfast for a period of 6 weeks for 60 minutes. After 6 weeks the level of depression was assessed by using yesavage geriatric depression scale among elderly adults.

### **OBJECTIVES**

1. Assess the level of depression among elderly adults.
2. Evaluate the effectiveness of reminiscence therapy on the level of depression.
3. Associate the level of depression with selected demographic variables among elderly adults.

**The first objective stated was to assess the level of depression among elderly adults.**

The frequency and percentage distribution of level of depression in pretest and posttest of depression among elderly adult showed that in the pretest, 12(24%) elderly adults scored level of mild depression, 10(20%) had a moderate level of depression, 28(56%) had a severe level of depression.

**A. P. Rajkumar (2009)** conducted a study on nature, prevalence and factors associated with depression among the elderly in a rural south Indian community. The sample comprised of 1000 participants aged over 65 years from Kaniyambadi block, Vellore, The result showed that prevalence of geriatric depression within the previous one month was 12.7% among low income, experiencing hunger, history of cardiac illness, past head injury increase the risk of geriatric depression after adjusting for the other determinants using conditional logistic regression. So geriatric depression is prevalent in rural south India.

**The second objective was to evaluate the effectiveness of reminiscence therapy on the level of depression.**

Mean and standard deviation of elderly before reminiscence ( $M = 17.8$ ,  $SD = 7.7038$ ) of elderly adults is not significant before reminiscence therapy ( $p > 0.001$ ), whereas after reminiscence therapy there is significant difference in the mean and standard deviation ( $M = 13.2$ ,  $SD = 6.4365$ ) of elderly adults ( $p < 0.05$ ). It can be attributed to the effectiveness of reminiscence therapy on reducing depression.

By using of reminiscence function scale in post test level of 20 mild depressive elderly adults were reporting higher score on death preparation, boredom score reduction, teach/inform, bitterness revival, and intimacy maintenance.

Reminiscence therapy can be conducted formally, informally with individuals, families or group. Reminiscence therapy can improve mood, improve communication, foster a person's sense of self, provide an enjoyable social activity. These can holistically improve your health and reduce symptoms of depression

**Christopher (2007)** conducted a study on effectiveness of reminiscence therapy as treatment for depression in older adults. The sample comprised of 150 participants were provided with 12 weekly sessions of reminiscence treatment. 75 older adults diagnosed with major depressive disorder .The result showed that reminiscence therapy demonstrated sufficient positive change and reduce the level of depression.

The findings would have a significant impact in our social cultural context as people from rural area. The reminiscence therapy provides a sense of continuity in one's life and therefore may aid these one type of transitions. Reminiscence therapy is used predominately in elderly adults in reducing the level of depression.

**The third objective associates the level of depression with selected demographic variables among elderly adults.**

The association between the level of depression and demographic variables of elderly adults. Severe depression was found in females than males .This may be due to both male and female gender residing old age home males are not much engaged in any productive activities compare to females. Thus might aggravate depression.

Chi square test was used to find out the association between selected demographic variables and the level of depression. It was found that there was no significant association between the selected variables and the level of depression among elderly respectively. From this

inference the level of depression among the elderly is not influenced by the demographic variables.

**Janet Landeen (2007)** conducted a study on relationship between depression and socio demographic factors. A sample consisted of 12376 were participated in the study. In that 5660 were males and 6716 were females. The result showed that prevalence of depression among people who live with common-law partners is similar to rates of depression among separated and divorced individuals. The lowest and highest rates of depression based on the level of education is seen among individuals with less than secondary school and those with "other post-secondary" education, respectively.

**Celia F. Hybels (2000)** conducted a study on an analysis of correlates of depression by severity of symptoms using data from an elderly community sample on the prevalence of depressive symptoms in elderly adults is high. The criteria to identify clinically significant depression may leave many elders undiagnosed and untreated. A sample comprised of 4,162 community-dwelling adults aged 65 or older. The result showed that the depression were associated with impairment in physical functioning, disability days, poorer self-rated health, use of psychotropic medications, perceived low social support, female gender, and unmarried person.

## **RESULT**



The overall mean difference for depression between the pretest and posttest was 4.08 mean and the t value was 2.5769 which was statistically significant at  $P < 0.05$  level.

Hence based on research findings the researcher has accepted the stated hypothesis that there is a significant difference in the level of depression among elderly adults before and after participation in reminiscence therapy.

## **CHAPTER – VI**

### **SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS**

This chapter presents the summary, findings, conclusion, implications and recommendations, which create a base for the future researcher.

#### **A.SUMMARY OF THE STUDY**

A study to assess the effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.

#### **OBJECTIVES**

1. Assess the level of depression among elderly adults.
2. Evaluate the effectiveness of reminiscence therapy on the level of depression.
3. Associate the level of depression with selected demographic variables among elderly adults.

**The investigator stated the following hypothesis for the study:**

H<sub>1</sub>: There will be a significant difference between the pre-test and post-test in the level of depression among elderly adults.

H<sub>2</sub>: There will be a significant association between the level of depression and their selected demographic variables.

**The reviewed literature was subdivided into the following sections :**

Literature related to old age.

Literature related to depression among elderly adults.

Literature related to reminiscence therapy on the level of depression among elderly adults.

The conceptual framework applied for the study was based on the “Ernestine wiedenbach’s helping art of clinical nursing theory”(1964).

The research design used for this study was pre experimental one group pre test and post test design. The main study was conducted in Poondi Mahan old age home, Vanjur in Vellore. The sample consisted of 50 elderly adults. Convenience sampling technique was used to select the sample. The pre-test level of depression was assessed from the samples using structured interview following which reminiscence therapy was given for 60 minutes. After 6 weeks the level of depression score was assessed from the samples.

The investigator used the demographic variable proforma, yesavage geriatric depression scale, reminiscence function scale. The data collection tools were validated and reliability was established. The collected data was tabulated and analyzed using descriptive and inferential statistics.

### **Major findings of the study:**

#### **Prevalence of depression among elderly adults**

Prevalence of depression among elderly residing in the selected old age home were mild (24%), moderate depression (20%), severe depression (56%) and overall as 95% among elderly.

#### **Demographic variables of elderly with depression**

Majority of elderly were aged between 66-70 years (44%) had duration of stay between 10 years and above in old age homes (56%) and did not have spouse residing in the same home (90%). Most of them were females (54%), illiterate (40%), high school (40%), Hindu (76%), no support (32%), and belong to joint family (56%), divorced/separated (40%), mode of entry due to family (48%).

### **Level of depression of elderly before and after reminiscence therapy**

Majority of elderly had severe level of depression (56%) before reminiscence. However after reminiscence it was reduced to (28%) level of depression.

### **Mean and the standard deviation of the level of depression of the elderly before and after reminiscence therapy**

( $M=17.88$ ,  $SD=7.7038$ ) of elderly adults is not significant before reminiscence therapy ( $p>0.001$ ), whereas after reminiscence therapy there is significant difference in the mean and standard deviation ( $M=13.2$ ,  $SD=6.4365$ ) of elderly adults ( $p<0.05$ ). It can be attributed to the effectiveness of reminiscence therapy on reducing the level of depression.

### **EFFECTIVENESS OF REMINISCENCE FUNCTION SCALE IN POST TEST LEVEL OF MILD DEPRESSION**

By using of reminiscence function scale in post test level of 20 mild depressive elderly adults where reporting higher score on death preparation, boredom score reduction, teach/inform, bitterness revival, and intimacy maintenance. It can be attributed effectiveness of reminiscence function scale in post test level of mild depression in elderly adults

### **Association between the selected demographic variables and the level of depression among**

## **elderly**

Chi square test was used to find out the association between the selected variables and the post test level of depression. There was no statistically significant association between the level of depression and selected demographic variable such as age, gender, religion, educational status, marital status, type of family, spouse is alive whether he or she is residing in this home, economic status, period of stay, mode of entry in old age home with the level of depression among elderly adults ( $P > 0.001$ ).

## **CONCLUSION**

The findings of the study revealed that being in old age home. The effectiveness of reminiscence therapy on level of depression among elderly adults using paired “t” test shows 2.5769 significant at the level of  $P < 0.05$ .

## **IMPLICATIONS**

Based on the findings the researcher stated that the implications on nursing practice, Nursing administration, Nursing education, Nursing research.

## **NURSING PRACTICE**

The findings of the study revealed that the old age people living in the old age home had depression. Reminiscence is an effective treatment of depression. All health workers can use this therapy in their settings to treat old age depression in the group. Especially nurses play a vital

role in caring old age people, early diagnosis of old age depression can prevent from harmful consequences. It can create the awareness about depression of the old age people and its effective management.

## **NURSING EDUCATION**

Student nurse should be encouraged to identify the functional capabilities of elderly adults with level of depression. This study emphasizes the need for developing good teaching skills among student nurses about reminiscence therapy for elderly adults. Reminiscence therapy can be used by the nursing students as one of the teaching method on depression for elderly adults.

## **NURSING ADMINISTRATION**

The nursing administrator can conduct refresher courses to update the knowledge of nurses on reminiscence therapy for elderly adults. Nursing administrator should make sure that the educational and informational materials are available for nurses for teaching the elderly adults.

## **NURSING RESEARCH**

This study will be a reference for the research scholars. Research can be promoted by conducting further studies on the topic of interest on reminiscence therapy for elderly adults. The nursing researcher has to realize the need for the further research on reminiscence therapy. The effectiveness of the study can be verified by its utility to the nurses in the practical field.

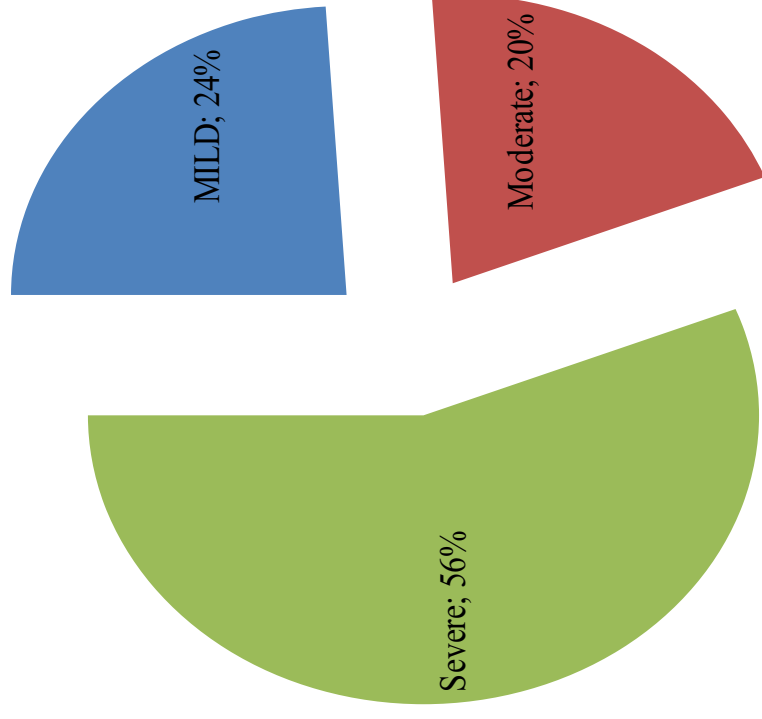
## **RECOMMENDATIONS:**

The findings of the study have to develop further recommendations as follows:

1. A similar study can be replicated on large sample.

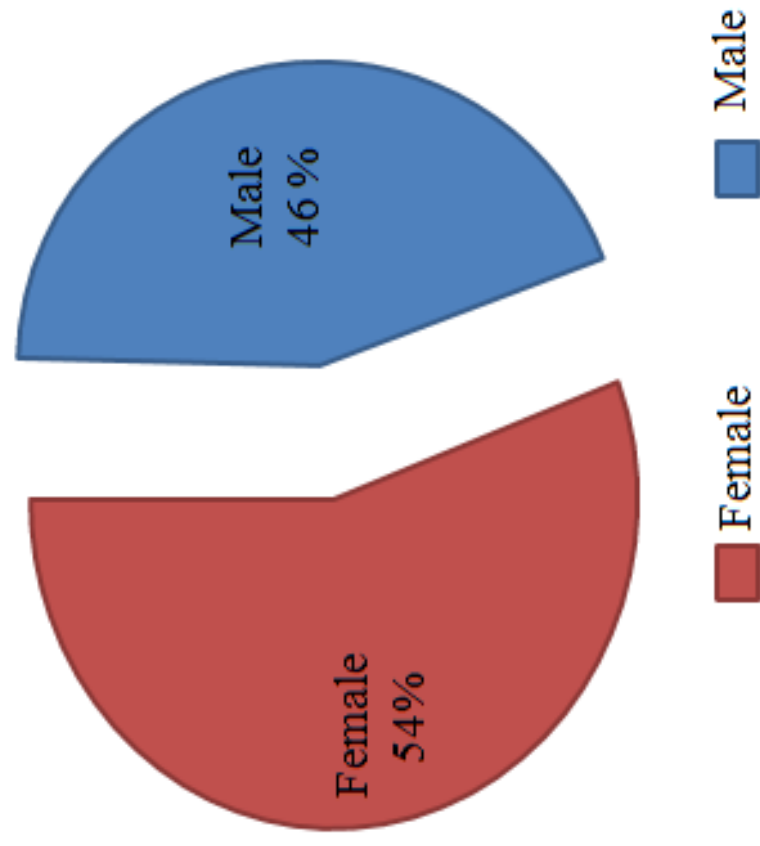
2. The study can be conducted in the other settings like hospitals and community.
3. The study can be done using true experimental design.
4. The study can be done using other teaching strategies i.e., slides, C.Ds, radio flash cards, making music using various instruments.
5. The study can be conducted to assess the various others psychological problems in old age people.

**Fig 3.a: PERCENTAGE DISTRIBUTION OF PREVALENCE OF DEPRESSION**





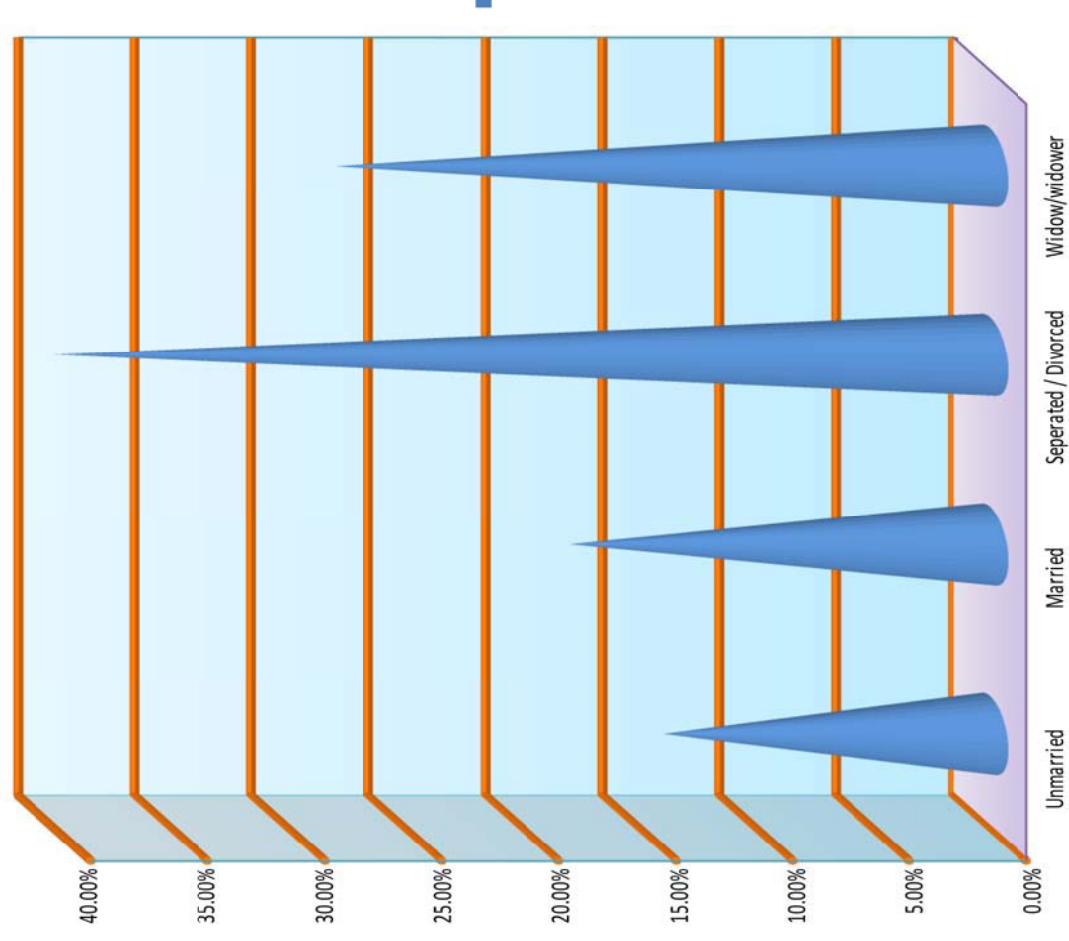
**Fig.3. b: PERCENTAGE DISTRIBUTION OF  
DEMOGRAPHIC VARIABLE FOR GENDER**



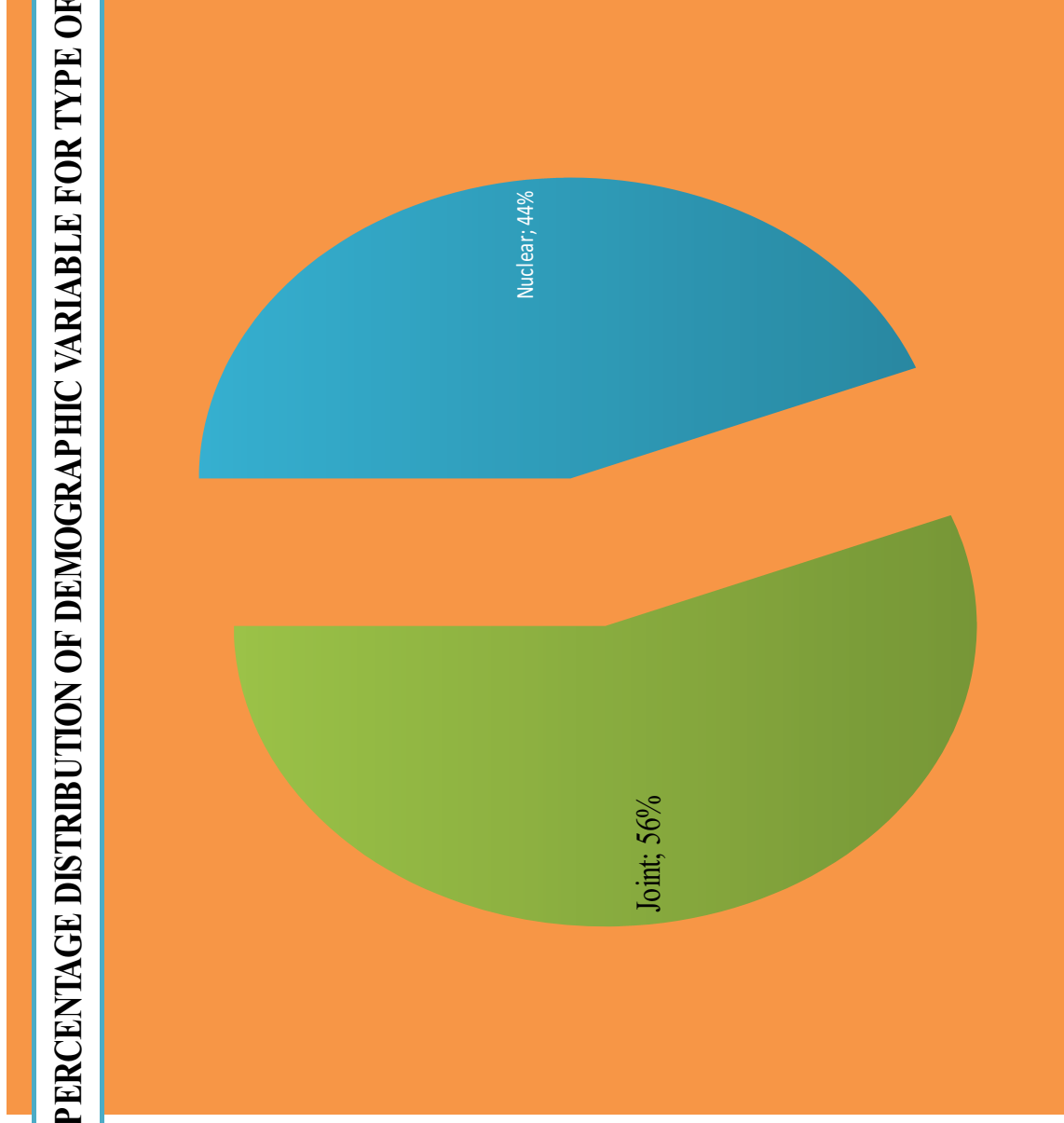
**Fig.3.c: PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR EDUCATIONAL STATUS**



**Fig 3.d:PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR MARITAL STATUS**

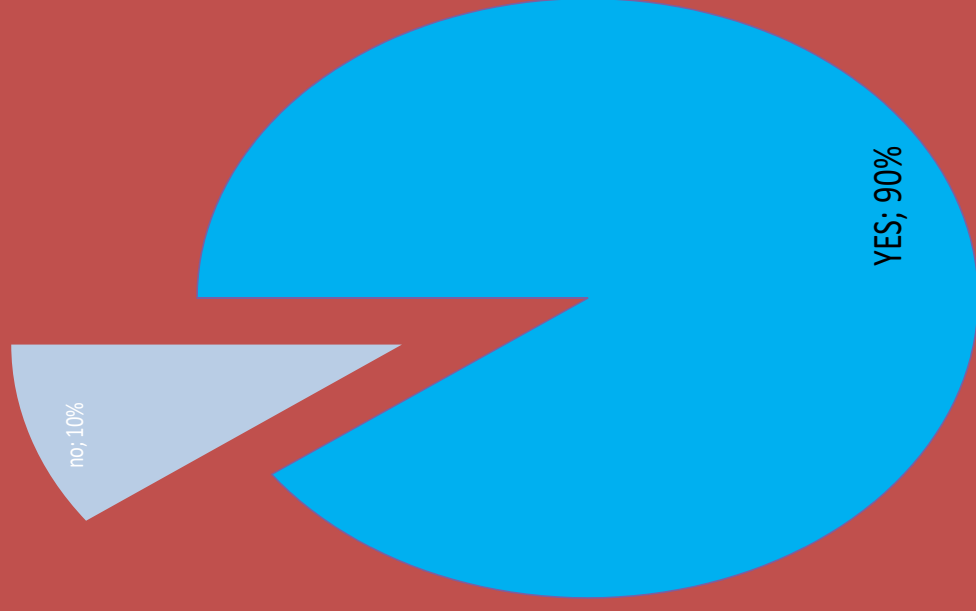


**Fig 3.e: PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR TYPE OF FAMILY**

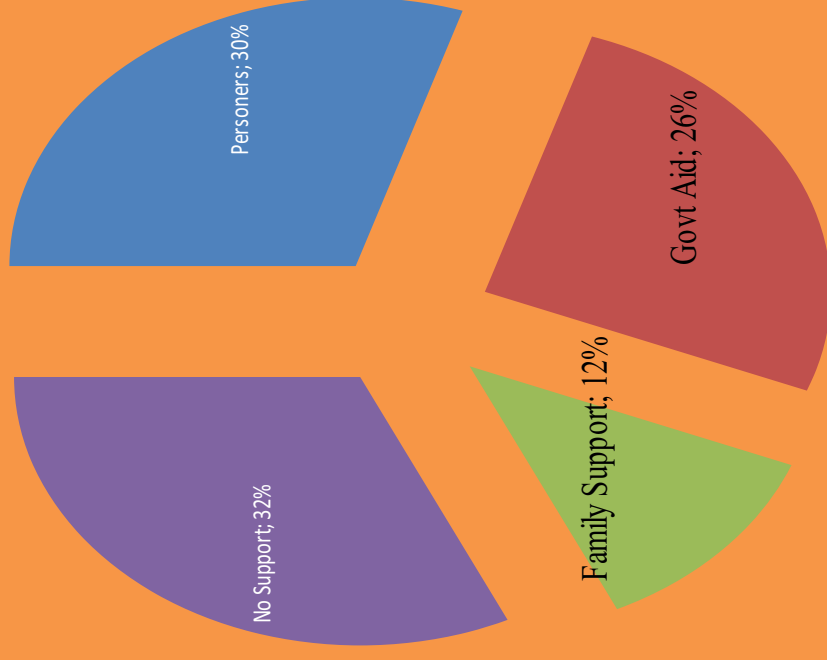




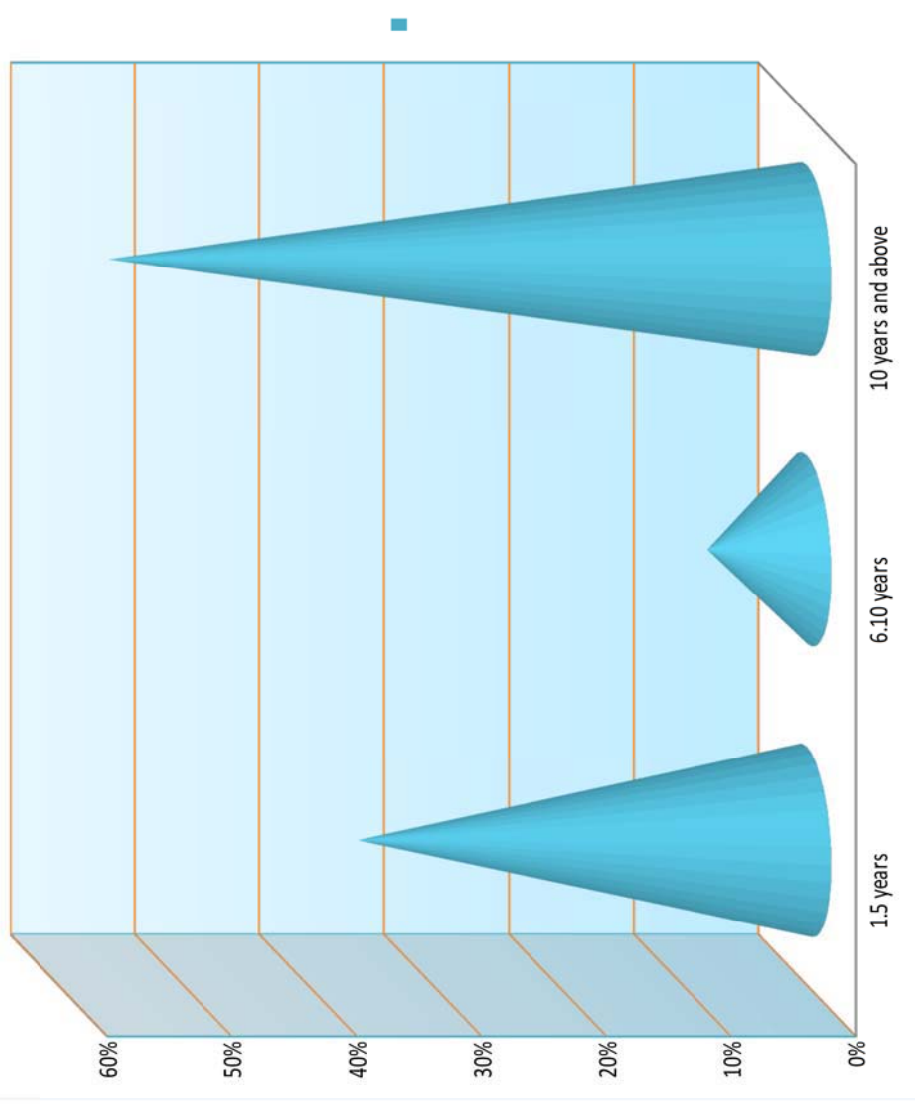
**Fig 3.f:PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR LIVING WITH SPOUSE**



**Fig.3.g:PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR ECONOMIC STATUS**



**Fig.3.h:PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE FOR PERIOD OF STAY**





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## ரெமினிஸென்ஸ்

### பாடத்திட்டம்

ஆய்வாளர்	:	செல்வி. ஜாய்ஸ்மெர்ஸி. ஜி
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காலஅளவு	:	6 வாரங்கள்
நேரம்	:	60 நிமிடங்கள்
கற்பிக்கும் முறை	:	சொற்பொழிவு மற்றும் விவாதம்
இடம்	:	பூண்டிமகான் முதியோர் இல்லம்
கற்பிக்கும் ஊடகம்	:	செய்விளக்கம், படங்கள், இசை மற்றும் புகைப்படங்கள்
குழு	:	வயது முதியோர் இல்லம்.

### பொதுவான நோக்கம் :

இந்த வகுப்பின் இறுதியில் வயது முதிர்ந்தவர்கள் ரெமினிஸென்ஸ் அறிவு பெற முடியும். அவர்களால் தன்பயிற்சி முறையின் பயன்பாட்டை உணர்ந்து அந்த திறமைகளை அன்றாட வாழ்க்கையில் வளர்த்துக் கொள்ள உதவுகிறது.

### குறிப்பிட்ட நோக்கங்கள் :

வயதுமுதிர்ந்தவர்களால்,

- ரெமினிஸென்ஸ் பற்றி விளக்க
- ரெமினிஸென்ஸ் முக்கியத்துவத்தை பிரதிபலிக்க
- ரெமினிஸென்ஸ் பயிற்சி முறையை வேறுவிதமாக உபயோகிப்பதை விளக்க.
- ரெமினிஸென்ஸ் பயிற்சி முறையை விளக்க
- ரெமினிஸென்ஸினால் கிடைக்கும் நன்மைகளை விவரித்தல்
- ரெமினிஸென்ஸ் மன அழுத்தத்தில் ஏற்படும் மாற்றங்களை அறிய.

### முன்னுரை :

உங்கள் அனைவருக்கும் காலை வணக்கம்!

நான் திருமதி. ஜாய்ஸ்மெர்ஸி, இராண்டாம் ஆண்டு முதுநிலை செவிலியர் மாணவி, அருண் செவிலியர் கல்லூரி, வேலூர். நான் இங்கு ரெமினிஸென்ஸ் பயிற்சிபற்றி கூற வந்துள்ளேன்.

ரெமினிஸென்ஸ் பயிற்சி முறை எல்லோரின் மனநல ஆரோக்கியத்திற்கு மிகவும் முக்கியமான ஒன்றாக விளங்குகிறது. இந்த பாடத்தின் மூலம் ரெமினிஸென்ஸ் பயிற்சி முறையின் அறிவை பெற்றிட உங்களுக்கு உதவும்.

### **ரெமினிஸென்ஸ்பொருள் :**

ரெமினிஸென்ஸ் பயிற்சியின் செய்முறை கடந்த கால நிகழ்ச்சிகளை நியாயப்படுத்தவும், உணர்ச்சி மற்றும் சிந்தனைகளை எளிதில் மகிழ்ச்சி அளிக்கவும், வாழ்வின் குண நலன்களை பொறுத்தும் செயல் தன்மையின் சந்தர்ப்ப நிலையாகும்.

### **ரெமினிஸென்ஸ் முக்கியத்துவம் :**

ரெமினிஸென்ஸ் பயிற்சி முறையின் வெற்றியை ஒருவரின் புரிந்து கொள்ளும் திறன் மற்றும் தன் கௌரவத்தை ஊக்குவிக்கும், மன அழுத்தம் என்னும் உணர்ச்சி நம்பிக்கை அற்ற நிலைகளை சுலபமாக்கவும், மற்றும் தன் நிலைகளை முழுமையாக மிகுதி படுத்தும். செயல்திறன்களையும் சமூக செயல்திறன்களையும் மிகுதிபடுத்தும் குணநலன்களின் பிரச்சனைகளை தடுத்து மற்றும் நற்பயன் அளிக்கக்கூடிய வயது முதிர்ந்தவர்களின் பாதுகாப்பு

### **ரெமினிஸென்ஸ்பயிற்சிமுறையின்வேறுவிதங்கள்பார்வைக்குறிய:**

புகைப்படங்கள், திரையில் காட்டப்படவேண்டிய ஒரு கண்ணாடி வில்லை, ஓவியம், சுயசரிதை சொல்வதை போன்ற பொருட்கள்.

### **இசை :**

நன்றாக தெரிந்த ராகத்தை ஒலிபரப்புதல், சிறிய இசைதட்டு (அ) வெவ்வேறு ஒலியை எழுப்பக் கூடிய கருவிகள்.

### **வாசனை (அ) சுவை :**

வாசனை (அ) சுவையை உபயோகிக்கக்கூடிய பொருள்கள்.

### **தொட்டுஉணரக்கூடியவை :**

தொட்டு உணரக்கூடிய பொருட்கள் நெசவு தன்மையை உணர்தல் மண்பாண்டங்கள் செய்தல் போன்றவை.

### **ரெமினிஸென்ஸ்குழுஅமைப்பு :**

வயது முதிர்ந்தவரின் தலையீடு, கூட்டம் காலம் 60 நிமிடங்கள். ஆறு வாரங்களில் இரண்டு முறை கூட்டம்.

குழுவின் எண்ணிக்கை 25 நபர்கள்

#### **வாரம் -1**

##### **முதல் கூடுகை**

தலைவர் மற்றும் உறுப்பினரின் முகவர்.

சொந்த பின்அணியை கவனித்தல்.

மிருகத்தின் படங்களை நினைவில் வைக்க உறுப்பினர்களை உற்சாகப்படுத்துதல்.

அதைக்கொண்டு எதனால் அந்த மிருகம் தன் நினைவில் வைக்கின்றன என்பதை அறிமுகம் செய்தல்.

வேறு மிருகங்களின் நினைவுகளை அறிமுகம் செய்தல்.

##### **இரண்டாம் கூடுகை**

பழைய பாடல்களை நினைத்தல் 1920 முதல் 1960 காலங்களின் பாடல்கள்.

பழைய கிராமிய பாடல்களை ஒலிபரப்பச் செய்தல் அங்கத்தினர் பாடல்கலைக் கேட்டு அறிவதின் மூலம் பழைய நினைவுகளை நினைவுக் கூர்ந்து விளக்கம் கூறுதல். பாட்டு பாடவும் கைதட்டவும் உற்சாகப்படுத்துதல்.

#### **வாரம் 2**

##### **மூன்றாம் கூடுகை**

புகைப்படங்களை பகிர்ந்தளித்தல்

நினைவில் வைக்கக்கூடிய புகைப்படங்களை கூடுகையில் பார்த்தல். அங்கத்தினருக்கு நேரத்தைக் கொடுத்து புகைப்படத்தை விவரித்து சொல்லுதல்.

குடும்பத்துடன் கலந்துரையாடுதல், நண்பர்களுடன் கலந்துரையாடல் நகைச்சுவை நேரத்தை குறித்து உரையாட செய்தல்.

#### **கூடுகை 4**



குடும்ப வாழ்கை பற்றியும் (அ) பணிபுரிபவரின் வாழ்கை (அ) முதல் நாள் பணியில் அமர்ந்த அனுபவத்தை பற்றியும் விவாதித்தல்.

வேலை சம்பந்தமான படங்கள் கொண்ட அட்டை வினையோகம் பார்க்கச் செய்தல்.

**1920 முதல் 1960 வரை தன்னிச்சையாக வேலை செய்வதையும் (அ) குழுந்தை கால செயல்படும் திறமையும் விவரித்தல்.**

தான் செல்லாத பாதையை பற்றி குறிப்பிட்ட கேள்வியை அங்கத்தினரிடம் கேட்டு அறிதல். கலந்துக்கொள்ளும் அங்கத்தினரின் பணி(அ) வேலையை உத்யோக ஆணி, புகைபடங்கள் போன்றவற்றை நினைவில் கொண்டு வர உற்சாகப்படுத்துதல்.

### வாரம் 3

#### கூடுகை 5

விரும்பிய விடுமுறையை நினைத்தல், விடுமுறைகளை விவரித்தல், பழைய நறுமனம் மற்றும் நினைவு படுத்தும் சொற்களை சம்பந்தப்படுத்தி கொண்டு வரசெய்தல்.

விடுமுறை நாட்களை குறித்து பாட்டு பாடுதல், விடுமுறை நாட்களின் உணவுகளை குறித்து பேசுதல்.

விடுமுறை நாட்களில் அணியும் உடைகளை குறித்து பேசுதல் விடுமுறையின் வழக்கங்களை குறித்து பேசுதல்

#### கூடுமை 6

பள்ளி நாட்களை நினைத்தல்

முதல் நாள் பள்ளியின் அனுபவத்தை விவாதித்தல், பங்கு கொள்ளும் அங்கத்தினரின் பள்ளி நாட்களை கலந்துரையாடல்.

**1920 முதல் 1960 வரை உள்ள பள்ளிகளின் படங்களைக் காண்பித்தல். ஆசிரியர் மற்றும் அவர்களின் உடை அலங்காரத்தை விவரித்தல்.**

### வாரம் 4

#### கூடுகை 7:

குழுந்தை பருவத்தின் பொம்மைகளை நினைத்தல். முதலில் உபயோகப்படுத்திய பொம்மைகளை பற்றி பேசுதல் என்றும் பயன்பாட்டில் உள்ள பொம்மையை பற்றி பேசுதல். பிடித்த பொம்மை பற்றிபேசுதல். வீட்டில் செய்த பொம்மைகளைப் பற்றி பேசுதல். பொம்மை உள்ள படங்களை காண்பித்தல்.

#### கூடுகை 8:

திருமண நாளை நினைத்தல்

வாழ்கை துணையை நினைத்தல்

திருமணத்தை விவாதித்தல்.

திருமண நாட்களின் புகைபடத்தை அங்கத்தினர்

நினைவிற்கு கொண்டுவருதல்

**வாரம் :5**

**கூடுகை :9**

குடும்பத்தை (அ) செல்ல பிராணிகள், குழந்தைகளைப் பற்றி விவாதித்தல் அங்கத்தினரின் குடும்பம் மற்றும் செல்ல பிராணிகளின் புகைப்படங்களை பார்க்க உற்சாகப் படுத்துதல்

**கூடுகை 10**

உணவுகளை நினைத்தல், குழந்தை பருவத்தில் விரும்பிய உணவுகளையும் விரும்பிய உணவுவகைகளையும் பற்றி விவாதித்தல்.

கலந்து கொள்ளும் அங்கத்தினரின் சமையல் முறைகளை நினைத்துப் பார்த்து வரித்தல்.

**வாரம் 6**

**கூடுகை 11**

நண்பர்களை நினைத்தல், நண்பர்களை பற்றிபேசுதல்

கலந்துக் கொள்ளும் அங்கத்தினரின் நண்பர்களின் புகைப்படங்களை கொண்டு வர உற்சாக படுத்துதல்.

புகைப்படங்களில் உள்ள நண்பரைப் பற்றி விவரித்தல்.

கேளிக்கை நேரங்களில் இருக்கக்கூடிய நண்பர்களைப் பற்றி பேசுதல்.

கேளிக்கை நினைவுகளை பேசுதல்.

நண்பர்கள் தங்கும் வசதியின் ஆதரவு என்னும் உதவியை விவரித்தல்.

**கூடுகை 12**

## முடிவு

கலந்துகொள்ளும் அங்கத்தினரின் குழுவின் அனுபவத்தை பற்றி பேசுதல் ஏதேனும் முந்தி விவாத்திற்குரிய தலைப்பின் கடைசி சிந்தனையை பகிர்தல்.

சிற்றுண்டி அளித்தல்.

## ரெமினிஸென்ஸ் பயிற்சி முறையின் நன்மைகள் :-

சலிப்பை சமாளிக்க உதவிடும்.

தோழமை மற்றும் சந்தோஷத்தை அளிக்கும்

ஒருவரின் கடந்தகால கஷ்டத்தை சமாளித்து நம்பிக்கை வளர்க்கிறது.

தன்னையும் மற்றவர் களையும் மன்னிக்கும் நிலையை தருகிறது.

மன அழுத்தத்தின் நிலையை குறைக்கிறது.

தற்கால உணர்ச்சியின் பிரதிபலிப்பன் காரணத்தை கண்டறிய உதவுகிறது.

பரஸ்பர மான நம்பிக்கை அளிக்கும் உறவுகளும் பாதுகாப்பான சூழ்நிலைகளும் மனதின் காயம் தரக்கூடிய நிகழ்வுகளை குணப்படுத்துகிறது.

நல் மதிப்பை அதிகரிக்கவும்.

உலகத்தின் அறிவை பெற்றிடவும் உதவுகிறது.

கடந்த காலவாழ்கை முறையின் நினைவுகளை எதிர்கால தலைமுறைக்கு பயனளிக்கும் முறையில் பாதுகாக்கப் படுகிறது.

## ரெமினிஸென்ஸினால் மன அழுத்தத்தில் ஏற்படும் மாற்றங்களை அறிய:

ரெமினிஸென்ஸ் பயிற்சி முறை வயது முதிர்ந்தவர்களின் பயன்தரக் கூடிய நன்மையாகவும் மன அழுத்தத்தை மற்றும் எதிர்மாறான உணர்ச்சிகளை குறைக்கும் என நிரூபிக்கப்பட்டுள்ளது.

**68-76%** வெற்றியாக மன அழுத்தின் சிகிச்சை முறையாக ரெமினிஸென்ஸ் உதவுகிறது.

ஹாமில்டன் ரேடிங்ஸ் கேல், பெக் மனஅழுத்தத்தின் இன்வன்டிரி, லைப்ஸ்டில் பங்ஷன் இன்டெக்ஸ் போன்றவை மனசிதைவு அளவுக் கோலால் மன அழுத்தத்தை விடுவிக்கிறது.

ஆராய்ச்சி ஆளர்கள் வெளியீட்டிலும் ரெமினிஸென்ஸ் பயிற்சிமுறை பக்கவிளைவு இல்லாத, செலவுகள் குறைந்த பாதுகாப்பான சிறந்தசிகிச்சை முறையாகும்.

## Annexure – IX

### DEMOGRAPHIC VARIABLE PROFORMA OF ELDERLY

#### Purpose

This Proforma is used to measure the demographic variables of the elderly such as Age, Gender, Religion, Educational Status, Marital Status, Types of Family, Spouse is alive, whether he / she is residing in this home, Economic Status, Period of Stay, Mode of Entry, in old age home.

#### Instruction

Please put a tick mark (✓) in the following options. Please be frank in answering.

Identification data:

Sample No.

**1. Age in years**

1.1 61- 65 years

1.2 66 -70 years

1.3 71 -75 years


**2. GENDER**

2.1 Male

2.2 Female

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**3. Religion**

3.1 Christian

3.2 Hindu

3.3 Muslim

3.4 Other

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**4. Education**

4.1 Primary

4.2 High School

4.3 High Secondary graduate and above

4.4 Illiterate

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**5. Marital Status**

5.1 Unmarried

5.2 Married

5.3 Divorced / Separated

5.4 Widow / Widower

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**6. Type of the Family**

6.1 Nuclear

6.2 Joint

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**7. Spouse is alive whether he / she residing in this home**

7.1 Yes

7.2 No

**8. Economic Status**

8.1 Pensioners

8.2 Govt. AID

8.3 Family Support

8.4 No Support

**9. Period of Stay**

9.1 1-5 years

9.2 6 -10 years

9.3 10 years and above

**10. Mode of Entry**

10.1 Self

10.2 Family

10.3 Others

10.4 Ngo

**Annexure – XI**

**SCORING KEY**

If Q 1,5,7,9,15,19,21,27,29, and 30 has “No” response count one for each and for the rest if response is “Yes” Count one. Add the two Score and interpret”

- Mild depression 0-10
- Moderate depression 11-17,
- Severe depression >17

## **Annexure – X**

### **YESAVAGE GERIATRIC DEPRESSION SCALE**

#### **Purpose**

This tool consist of 30 Yes / No questions to assess the level of depression among the geriatrics.

<b>S.No</b>	<b>Question</b>	<b>Yes/ No</b>	<b>Score</b>
1.	Are you basically satisfied with your life?		
2	Have you dropped many of your activities and interests?		
3	Do you feel that your life is empty?		
4	Do you often get bored?		
5	Are you hopeful about the future?		
6	Are you bothered by thoughts you cannot get out of your head?		
7	Are you in good spirits most of the time?		
8	Are you afraid that something bad is going to happen to you?		
9	Do you feel happy most of the time?		
10	Do you often feel helpless?		
11	Do you often get restless and fidgety?		
12	Do you prefer to stay at home, rather than going out and doing new things?		
13	Do you frequently worry about the future?		
14	Do you feel you have more problems with memory than most?		

S.No	Question	Yes/ No	Score
15.	Do you think it is wonderful to be alive?		
16	Do you feel downhearted and blue?		
17	Do you feel pretty worthless the way you are now?		
18	Do you worry a lot about the past?		
19	Do you find life very exciting?		
20	Is it hard for you to get started on new projects?		
21	Do you feel full of energy?		
22	Do you feel that your situation is hopeless?		
23	Do you think that most people are better off than you are?		
24	Do you frequently get upset over the little things?		
25	Do you feel frequently feel like crying?		
26	Do you have trouble concentrating?		
27	Do you enjoy getting up in the morning?		
28	Do you prefer to avoid social gatherings?		
29	Is it easy for you to make decisions?		
30	Is your mind as clear as it used to be?		

**முதியோர் மன அழுத்த அளவு**

(எஸ்வஜ் எட்ஆல் 1982-ம் ஆண்டு உருவாக்கப்பட்டது)

**நோக்கம் :**

முதியோர்களின் மனஅழுத்த அளவை மதிப்பீடு செய்ய இந்த படிவத்தில் 30 ஆம் / இல்லை என்று பதில் அளிக்கும் வகையில் கேள்விகள் கொடுக்கப்பட்டுள்ளது.

**வழிமுறைகள்**

கீழே கொடுக்கப்பட்டுள்ள கேள்விகளுக்கு ஆம் (அ) இல்லை என்று தயவு செய்து பதில் அளிக்கவும்.

வரிசைஎண் ண்	கேள்விகள்	பதில்ஆம்/ இல்லை	மதிப்பீடு
1	நீங்கள் உங்களுடைய வாழ்க்கையில் பொதுவாக திருப்தி அடைந்திருக்கிறீர்களா?		
2	உங்கள் செயல்பாடுகள் மற்றும் விருப்பங்களை அதிகமாக கைவிட்டுக்கிறீர்களா?		
3	உங்கள் வாழ்க்கை வெறுமையாக உள்ளது என நினைக்கிறீர்களா?		
4	நீங்கள் அடிக்கடி சலிப்புத் தன்மை கொள்கிறீர்களா?		
5	எதிர்காலத்தை குறித்து நம்பிக்கை உங்களுக்கு இருக்கிறதா		
6	உங்களை கவலைக்குள்ளாக்கும் எண்ணங்கள் உங்கள் தலைவலியாய் இருக்கிறதா?		
7	நீங்கள் நல்ல மனப்பான்மையை எல்லா நேரங்களிலும் கொண்டுள்ளீர்களா?		
8	ஏதோ ஒரு கெட்டசம்பவம் நடக்கப்போகிறது		
9	நீங்கள் எல்லா நேரங்களிலும் சந்தோஷமாக இருக்கிறீர்களா?		
10	நீங்கள் அடிக்கடி உதவியற்றவர்களாய் இருக்கிறோம் என்ற எண்ணம் வருகிறதா?		
11	நீங்கள் விதண்டவாதம் செய்பவர்களால் அடிக்கடி அமைதியற்ற நிலையில் இருக்கிறீர்களா?		
12	நீங்கள் வெளியே சென்று புதிய காரியங்களை செய்தவற்கு பதிலாக, வீட்டிலே இருக்க விரும்புகிறீர்களா?		
13	நீங்கள் எதிர்காலத்தை குறித்து அடிக்கடி கவலைப் படுகிறீர்களா?		
வரிசைஎண் ண்	கேள்விகள்	பதில்ஆம் / இல்லை	மதிப்பீடு
14	நீங்கள் மற்ற காரியங்களை விட		



	உங்களுடைய ஞாபகசக்தியின் பிரச்சனைதான் அதிகம் என்று நினைக்கிறீர்களா		
15	நீங்கள் இப்பொழுது உயிரோடிருப்பது மிகவும் நல்லது என்று நினைக்கிறீர்களா?		
16	நீங்கள் மனச்சோர்வு உள்ளவர்களாய் இருக்கிறீர்களா?		
17	நான் இப்பொழுது இப்படியாக இருப்பது யாருக்கும் உபயோகமற்றவன் என்று நினைக்கிறேன்.?		
18	உங்கள் கடந்தகாலத்தை குறித்து அதிகம் கவலைப் படுகிறீர்களா?		
19	உங்களுடைய வாழ்க்கை மிகவும் உற்சாகமாக இருக்கிறது என்று நினைக்கிறீர்களா?		
20	புதிய காரியங்கள் செய்வதற்கு உங்களால் முடியாத காரியம் என்று நினைக்கிறீர்களா?		
21	உங்களுக்கு முழுபலன் இருக்கிறது என்று நினைக்கிறீர்களா?		
22	உங்களுடைய சூழ்நிலை நம்பிக்கையற்றதாய் இருக்கிறது என்று நினைக்கிறீர்களா?		
23	மற்றவர்கள் உங்களை விட சிறந்தவர்கள் என்று நினைக்கிறீர்களா?		
24	சிறிய காரியங்களில் நீங்கள் அடிக்கடி வெறுப்படைகின்றீர்களா?		
25	நீங்கள் அடிக்கடி உதவியற்றவர்களாய் இருக்கிறோம் என்ற எண்ணம் வருகிறதா?		
26	கவனம் செலுத்துவதில் ஏதாவது பிரச்சனை இருக்கிறதா?		
27	காலையில் எழும்புவதை உங்களுக்கு மகிழ்ச்சியூட்டுகிறதா?		
28	நீங்கள் சமூக கூட்டங்களை தவிர்க்க விரும்புகிறீர்களா?		
29	முடிவு எடுப்பது உங்களுக்கு எளிதாக இருக்கிறதா?		
30	உங்களுடைய மனம் தெளிவாக எப்பொழுதும் போல் இருக்கிறதா?		

## **Annexure – XII**

### **BLUE PRINT FOR GERIATRIC DEPRESSION SCALE**

<b>S.No</b>	<b>Content</b>	<b>Items</b>	<b>Total</b>	<b>Percentage</b>
1	Positive Response Questions	1,5,7,9,15,19,21,27,29,30	10	33.3 %
2.	Negative Response Questions	2,3,4,6,8,10,11,12,13,14,16 , 17,18,20,22,23,24,25,26	20	66.6%

## **Annexure – XVI**

## **DATE CODE SHEET**

### **DEMOGRAPHIC VARIABLE PROFORMA OF ELDERLY PEOPLE**

#### **SN- Sample Number**

**1. AGE – Age in years**

- 1.1 61- 65 years
- 1.2 66 -70 years
- 1.3 71 -75 years

**2. GEN – GENDER**

- 2.1 Male
- 2.2 Female

**3. REL – Religion**

- 3.1 Christian
- 3.2 Hindu
- 3.3 Muslim
- 3.4 Other

**4. EDU – Education**

- 4.1 Primary
- 4.2 High School
- 4.3 High Secondary graduate and above
- 4.4 Illiterate

**5. MAR – Marital Status**

- 5.1 Unmarried
- 5.2 Married
- 5.3 Divorced / Separated
- 5.4 Widow / Widower

**6. TOF – Type of the Family**

- 6.1 Nuclear
- 6.2 Joint

**7. SRH – Spouse is alive whether he / she residing in this home**

- 7.1 Yes
- 7.2 No

**8. ES – Economic Status**

- 8.1 Pensioners
- 8.2 Govt. AID
- 8.3 Family Support
- 8.4 No Support

**9. POS – Period of Stay**

- 9.1 1-5 years
- 9.2 6 -10 years
- 9.3 10 years and above

**10. MOE – Mode of Entry**

- 10.1 Self
- 10.2 Family
- 10.3 Others
- 10.4 Ngo

**Annexure – XVII**

<b>MASTER CODE SHEET</b>													<b>DEPRESSION SCORE</b>	
<b>DEMOGRAPHIC VARIABLES</b>													<b>PRE TEST</b>	<b>POST TEST</b>
<b>S.NO</b>	<b>AGE</b>	<b>GEN</b>	<b>REL</b>	<b>EDU</b>	<b>MAR</b>	<b>TOF</b>	<b>SRH</b>	<b>ES</b>	<b>POS</b>	<b>MOE</b>				
1	71	2.2	3.2	4.2	5.3	6.2	7.2	8.4	9.3	10.2	15	4		
2	61	2.2	3.1	4.4	5.3	6.1	7.2	8.4	9.3	10.2	18	9		
3	67	2.1	3.2	4.3	5.3	6.2	7.2	8.4	9.3	10.2	20	18		
4	63	2.1	3.1	4.4	5.3	6.1	7.2	8.4	9.1	10.2	11	14		
5	74	2.1	3.1	4.2	5.3	6.1	7.2	8.4	9.1	10.1	17	12		
6	70	2.1	3.2	4.2	5.3	6.1	7.1	8.4	9.1	10.4	28	10		
7	63	2.1	3.2	4.1	5.3	6.1	7.2	8.1	9.3	10.1	15	11		
8	73	2.2	3.2	4.3	5.3	6.1	7.2	8.1	9.1	10.2	24	16		
9	66	2.2	3.2	4.3	5.2	6.1	7.2	8.1	9.3	10.4	19	14		
10	67	2.1	3.1	4.1	5.3	6.1	7.2	8.2	9.2	10.3	20	24		
11	70	2.2	3.2	4.4	5.3	6.1	7.2	8.2	9.3	10.4	15	22		
12	73	2.1	3.2	4.2	5.4	6.1	7.1	8.2	9.3	10.3	10	18		
13	70	2.1	3.3	4.2	5.3	6.1	7.2	8.2	9.3	10.3	6	12		
14	75	2.1	3.2	4.2	5.4	6.1	7.2	8.4	9.3	10.3	2	17		
15	66	2.2	3.2	4.2	5.4	6.2	7.2	8.4	9.3	10.3	27	10		
16	70	2.2	3.2	4.2	5.4	6.2	7.2	8.4	9.3	10.3	30	4		

DEMOGRAPHIC VARIABLES												DEPRESSION SCORE	
S.NO	AGE	GEN	REL	EDU	MAR	TOF	SRH	ES	POS	MOE		PRE TEST	POST TEST
17	71	2.2	3.2	4.4	5.4	6.1	7.2	8.4	9.1	10.3.		10	12
18	68	2.2	3.2	4.4	5.2	6.1	7.2	8.4	9.1	10.1		23	4
19	62	2.2	3.3	4.1	5.4	6.1	7.2	8.4	9.1	10.1		28	15
20	74	2.1	3.2	4.2	5.1	6.1	7.2	8.4	9.1	10.1		5	22
21	65	2.1	3.2	4.2	5.1	6.2	7.2	8.2	9.1	10.1		25	10
22	68	2.2	3.2	4.2	5.1	6.2	7.2	8.2	9.1	10.3		6	27
23	66	2.2	3.2	4.4	5.2	6.2	7.2	8.2	9.1	10.1		4	28
24	70	2.1	3.1	4.1	5.2	6.2	7.2	8.3	9.1	10.2		12	9
25	70	2.2	3.2	4.4	5.3	6.2	7.2	8.3	9.3	10.2		18	6
26	74	2.1	3.2	4.1	5.2	6.2	7.2	8.3	9.1	10.2		23	18
27	64	2.1	3.2	4.2	5.2	6.2	7.2	8.3	9.1	10.2		4	20
28	66	2.1	3.3	4.4	5.4	6.2	7.2	8.4	9.1	10.2		27	17
29	64	2.1	3.3	4.1	5.1	6.2	7.2	8.3	9.3	10.3		18	4
30	66	2.2	3.2	4.4	5.3	6.2	7.2	8.3	9.3	10.4		17	6
31	64	2.1	3.2	4.2	5.3	6.2	7.2	8.4	9.3	10.3		25	23
32	73	2.1	3.2	4.4	5.4	6.2	7.2	8.4	9.3	10.3		17	10
DEMOGRAPHIC VARIABLES												DEPRESSION SCORE	
S.NO	AGE	GEN	REL	EDU	MAR	TOF	SRH	ES	POS	MOE		PRE TEST	POST TEST
33	66	2.1	3.2	4.4	5.1	6.2	7.2	8.1	9.2	10.2		23	6

34	68	2.2	3.2	4.4	5.3	6.2	7.1	8.1	9.2	10.2	10	4
35	71	2.2	3.2	4.2	5.3	6.2	7.1	8.1	9.1	10.1	24	14
36	68	2.2	3.2	4.2	5.3	6.2	7.2	8.1	9.2	10.1	6	19
37	68	2.2	3.1	4.2	5.1	6.1	7.2	8.1	9.1	10.2	19	22
38	74	2.2	3.1	4.2	5.1	6.1	7.2	8.1	9.3	10.2	14	17
39	67	2.1	3.2	4.2	5.4	6.1	7.2	8.1	9.1	10.2	9	6
40	75	2.2	3.2	4.4	5.2	6.1	7.1	8.1	9.3	10.2	21	12
41	65	2.2	3.2	4.4	5.2	6.1	7.2	8.2	9.3	10.2	28	10
42	73	2.1	3.2	4.2	5.4	6.1	7.2	8.1	9.3	10.4	24	12
43	66	2.2	3.2	4.2	5.4	6.2	7.2	8.1	9.3	10.2	22	4
44	65	2.2	3.1	4.4	5.3	6.2	7.2	8.1	9.3	10.2	20	9
45	68	2.1	3.2	4.4	5.3	6.2	7.2	8.1	9.3	10.3	11	18
46	71	2.1	3.2	4.3	5.4	6.2	7.2	8.2	9.3	10.2	26	19
47	61	2.2	3.2	4.4	5.4	6.2	7.2	8.2	9.3	10.2	21	11
48	66	2.2	3.2	4.4	5.2	6.2	7.2	8.2	9.3	10.2	24	16

DEMOGRAPHIC VARIABLES										DEPRESSION SCORE		
S.NO	AGE	GEN	REL	EDU	MAR	TOF	SRH	ES	POS	MOE	PRE TEST	POST TEST
49	73	2.2	3.2	4.4	5.3	6.2	7.2	8.2	9.3	10.2	19	9

[illegible]



## Annexure – I



# ARUN COLLEGE OF NURSING

(A unit of Arun Educational Trust)

Affiliated with The Tamilnadu Dr. M.G.R. Medical University,  
Tamilnadu Nursing Council & Indian Nursing Council, G.O.M.S. 369/16.11.2008.

No.15, Thiagarajapuram, Vellore - 1.

**Mr. L.Adhimoolam**  
Managing Director

Principal

Ref. No.

Date : .....

From,

Mrs. G.Joyce Mercy Selvakumari,  
M.Sc., (Nursing) Iyear,  
Arun College of Nursing,  
Vellore.

To,

The Secretary,  
Poondi Mahan,  
Vellore - 1

Respected Sir / Madam,

**Sub :** Request for permission to conduct research in your esteemed institution.

I am a Post graduate student of Arun College of Nursing . I have selected the below mentioned topic for research to be submitted to the Tamilnadu Dr. M.G.R Medical University, Chennai as a partial fulfillment of nursing degree.

**“ Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home at Vellore”.**

With regards I kindly request you to grant me permission to carry on my research study in your reputed institution, I assure my study would not harm any of the clients in your institution would be thankful for your great help.

Thanking you,

Place :

Date :

*J. Joya*  
PRINCIPAL  
ARUN COLLEGE OF NURSING  
No 15, THIYAGARAJAPURAM  
VELLORE - 632 001

Yours Sincerely

G. Joyce MercySelvakumari,

Ph : 0416 - 2222081 E-mail : principalaruncollege@gmail.com

## Annexure – II



Seeking permission to use GDS

Inbox

**Joyce Gideon**

**Wed, Sep23, 2015 at 6:22 PM**

<joycegideon08@gmail.com >

To [yesavage@stanford.edu](mailto:yesavage@stanford.edu)

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

Respected sir,

I am a M.Sc Nursing IInd year student of Arun College of Nursing, Vellore, India. I kindly request you to give me your permission to use the GDS ( Geriatric Depression Scale) for my thesis A study to assess the “ **Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home at Vellore**”. India.

Thanking You,

Yours sincerely,

G.Joyce Mercy Selvakumari.

M.Sc. Nursing II year

Arun College of Nursing

Vellore, India.

**Thurs, Sep 24, 2015 at 7:56 PM**

**Jerome Yesavage**

[yesavage@stanford.edu](mailto:yesavage@stanford.edu)

To: [joycegideon08@gmail.com](mailto:joycegideon08@gmail.com)

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

**OK, Scale is public, Good Luck.**

From : [joycegideon08@gmail.com](mailto:joycegideon08@gmail.com)

Sent : Wednesday Oct 7<sup>th</sup> , 2015, 5:53 AM

To : [yesavage@stanford.edu](mailto:yesavage@stanford.edu)

Subject : Seeking permission to use GDS.

### Annexure – III



Seeking permission to use RFS

Inbox

**Joyce Gideon**

**Mon, Sep28, 2015 at 5:30 PM**

<joycegideon08@gmail.com >

To [webster@langara.bc.ca](mailto:webster@langara.bc.ca)

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

Respected sir,

I am a M.Sc Nursing II nd year student of Arun College of Nursing, Vellore, India. I kindly request you to give me your permission to use the RFS (REMINISCENCE Function Scale) for my thesis A study to assess the “ **Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home at Vellore**”. India.

Thanking You,

G.Joyce Mercy Selvakumari.

M.Sc. Nursing II year

Arun College of Nursing

Vellore, India.

**Wed, Sep 30, 2015 at 6:45 PM**

**Webster Reminiscence**

[webster@langara.bc.ca](mailto:webster@langara.bc.ca)

To: joycegideon08@gmail.com

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

**OK, Scale is public, Good Luck.**

From : [joycegideon08@gmail.com](mailto:joycegideon08@gmail.com)

Sent : Wednesday Oct 2<sup>nd</sup> , 2015 5:15 PM

To : [webster@langara.bc.ca](mailto:webster@langara.bc.ca)

Subject : Seeking permission to use RFS.

## Annexure – IV



# ARUN COLLEGE OF NURSING

(A unit of Arun Educational Trust)

Affiliated with The Tamilnadu Dr. M.G.R. Medical University,  
Tamilnadu Nursing Council & Indian Nursing Council, G.O.M.S. 369/16.11.2008.

No.15, Thiagarajarapuram, Vellore - 1.

**Mr. L.Adhimoolam**  
Managing Director

**Principal**

### REQUEST FOR CONTENT VALIDITY

Ref. No.

Date : .....

LETTER REQUESTING OPINION AND SUGGESTION OF EXPERTS FOR ESTABLISHING CONTENT  
VALIDITY OF RESEARCH TOOL

**From**

Mrs. G.Joyce Mercy Selvakumari,  
M.Sc., (Nursing) II year,  
Arun College of Nursing,  
Vellore.

**To**

Through Proper Channel,  
Mrs. J. Sunitha Priyadarshini,  
Principal,  
Arun College of Nursing.

**Sub :** Request for opinion and suggestion of experts for establishing content validity of  
research tool.

**Respected Madam,**

Greetings ! As a part of the Curriculum Requirement the following research title is selected  
for the study.

**"Effectiveness of reminiscence therapy on the level of depression among elderly adults  
residing in the selected old age home".**

I will be highly privileged to have your valuable suggestion with regard to the establishment  
of content validity of my Research tool. So I kindly request you to validate my Research tool  
and give suggestion regarding the tool.

Thanking you,

*J. Sunitha*  
PRINCIPAL

Place : ARUN COLLEGE OF NURSING  
Date : No 15, THIYAGARAJAPURAM,  
VELLORE - 632 001

Yours Sincerely

G.Joyce Mercy Selvakumari

Ph : 0416 - 2222081 E-mail : principalaruncollege@gmail.com



## Annexure – V

### CONTENT VALIDITY CERTIFICATE

I hereby certificate that I have validated the research tool of Mrs. G. Joyce Mercy Selvakumari, M.Sc.,(Nursing) student of Arun college of Nursing, Vellore who is undertaking research study on **“Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.”**

Signature of the Expert



## Annexure – VI

### CONTENT VALIDITY CERTIFICATE

I hereby certificate that I have validated the research tool of Mrs. G. Joyce Mercy Selvakumari, M.Sc.,(Nursing) student of Arun college of Nursing, Vellore who is undertaking research study on **“Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home, Vellore.”**

  
**Signature of the Expert**

Reg. No. 75443  
Asst. Professor in Psychiatry,  
Government Vellore Medical College and Hospital

## **Annexure – VII**

### **RESEARCH PARTICIPANT CONSENT FORM**

Dear participant,

I am a M.Sc. Nursing student of Arun College of Nursing, Vellore. As part of my study, a research on **“Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home”** The finding of the study will be helpful in reducing the depression for old age people with depression.

I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your responses. The information collected will be kept confidential and anonymity will be maintained.

**Signature of the researcher**

I .....Hereby consent to participate and undergo the study.

**Signature of the Participant.**

Place :

Date:

## Annexure – VIII


### CERTIFICATE FOR TAMIL EDITING

#### TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation “ Effectiveness of reminiscence therapy on the level of depression among elderly adults residing in the selected old age home at Vellore” done by Mrs.G.Joyce Mercy Selvakumari, M.Sc.(N) IInd Year Student, of Arun College of Nursing, Vellore District has been edited by me and the use of Tamil in this study is found appropriate.

Place :

Date:

  
Signature with designation

P. PRAKASH, M.Sc., M.A., M.Ed., M.P.W., CCEAS.,  
B. T. ASST. (SCIENCE),  
GOVT. ADW. HR. SEC. SCHOOL,  
PILLANDHUPATTU, KATPADI TK., VELLORE DISTRICT.,



## Annexure- XIII

### WEBSTER REMINISCENCE FUNCTION SCALE

#### *Purpose*

This tool consists of 43 listed statements to assess the level of reminiscence function scale among elderly adults.

**1 Never**

**2 Rarely**

**3**

1.To teach younger family members what life was like when

I was young and live in a different time.

--	--	--	--	--	--	--

2.To help me put my house in order before I die.

--	--	--	--	--	--	--

3.Because it fills the gap when I find time heavy on my hands.

--	--	--	--	--	--	--

4.To help me plan for the future.

--	--	--	--	--	--	--

5.To keep alive the memory of a dead loved one.

--	--	--	--	--	--	--

6.Because it brings me closer to newer friends and acquaintance.

--	--	--	--	--	--	--

7.Because it promote fellowship and a sense of belonging.

--	--	--	--	--	--	--

8.Because it helps me contrast the way I've changed with the way's I've stayed the same.

--	--	--	--	--	--	--

9.Because it gives me a sense of personal completion or wholeness as I approach the end of life

--	--	--	--	--	--	--

10.To see how my past fits in with my journey through life.

--	--	--	--	--	--	--

11.To pass the time during idle or restless hours.

--	--	--	--	--	--	--

12.To help solve some current difficulty

--	--	--	--	--	--	--

13.To keep painful memories alive

--	--	--	--	--	--	--

14.Out of loyalty to keep alive the memory of someone close to me who has died.

--	--	--	--	--	--	--

--	--	--	--	--	--	--

15.To relash lost opportunities

--	--	--	--	--	--

16.To reduce boredom

--	--	--	--	--	--

17.To remember an earlier time when I was treated unfairly by others

--	--	--	--	--	--

18.To remind me that I have the skills to cope with present problems

--	--	--	--	--	--

19.To relieve depression

--	--	--	--	--	--

20.To transmit knowledge that I've acquired to someone else

--	--	--	--	--	--

21.For lack of any better mental stimulation

--	--	--	--	--	--

22.To create a common bond between old and new friends

--	--	--	--	--	--

23.In order to teach younger persons about cultural values

--	--	--	--	--	--

24.Because it gives me a sense of self-identity

--	--	--	--	--	--

25.To remember someone who has passed away

--	--	--	--	--	--

26.Because remembering my past helps me define who I am now

--	--	--	--	--	--

27.As a way of bridging the generation gap.

--	--	--	--	--	--

28.As a social lubricant to get people talking.

--	--	--	--	--	--

29.Because it helps me to prepare own death.

--	--	--	--	--	--

30.In order to leave a legacy of family history

--	--	--	--	--	--

31.To put current problems in perspective

--	--	--	--	--	--

32.To try to understand myself better

--	--	--	--	--	--

33.Because I feel less fearful of death after I finish reminiscing

--	--	--	--	--	--

34.To create ease of conversation.

--	--	--	--	--	--

35.Because it helps me see that I've lived a full life and can

therefore accept death more calmly.

--	--	--	--	--	--

36.As a means of self-exploration and growth

--	--	--	--	--	--

37.For something to do.

--	--	--	--	--	--

38.Because it helps me cope with thoughts of my own mortality.

39.To see how my strengths can help me solve a current problem.

--	--	--	--	--	--

40.To rekindle better memories.

--	--	--	--	--	--

41.To remember people I was close to but who are no part of my life.

--	--	--	--	--	--

42.To avoid repeating past mistakes at some later date.

--	--	--	--	--	--

43.To keep memories of old hurts fresh in my mind.

--	--	--	--	--	--

## **Annexure- XIV**

### **SCORING:**

Boredom Score Reduction	: 16,37,11,21,3,19.
Death Preparation	: 33,35,29,38,9,2
Identity	: 32,26,36,8,10,24
Problem- Solving	: 39,31,18,42,12,4
Conversation	: 22,7,34,28,6
Intimacy Maintenance	: 5,25,14,41
Bitterness Revival	: 43,40,13,15,17
Teach / Inform	: 1,23,30,27,20

## SELF INTRODUCTION





## SCHOLAR DEMONSTRATING REMINISCENCE THERAPY



SCHOLAR C



SCH

EST







SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
Introducing the topic	3mins	<p>Introduction:</p> <p>Good morning to all, I am Mrs. G. Joyce</p> <p>Mercy doing II year M.SC (N) in Arun College of nursing, Vellore. I have come here to teach you reminiscence therapy. Reminiscence therapy is very important for everyone in order to improve psychological well-being. This teaching session will help you in enhancing knowledge regarding reminiscence therapy.</p>	Showing pictures and using Pamphlets, Posters	Observing	

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
Highlight the importance of reminiscence therapy.	5min	Reminiscence therapy is successful in improving one's comprehension skills and in boosting self-esteem, to ease the feeling of depression and hopelessness, and to enhance self-integration. Enhancement of functional activities, improved social functions and activities, prevention of behavioural problems, and in the effective care of the aged person.	Lecture cum Discussion	Observing	

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
Enumerate the benefits of reminiscence therapy	10min	<b>Benefits of Reminiscence Therapy:</b> <ul style="list-style-type: none"> <li>- Helps to overcome boredom.</li> <li>- Provide companionship and enjoyment.</li> <li>- Increase confidence as a person is reminded that he overcame past difficulties.</li> <li>- Forgiveness of others and self.</li> <li>- Decrease level of depression.</li> <li>- Help to distinguish the causes of current emotional reactions.</li> <li>- Safe environment where painful memories may be healed within the context of a sensitive relationship of mutual trust.</li> <li>- Increased self worth and sense of belonging in the world.</li> <li>- Preserve stories and memories for future generations.</li> </ul>	Lecture cum Discussion	Observing	List out the benefits of reminiscence therapy.

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
Know the different Mediums used for Reminiscence Therapy and Activities:	4min	<b>Different Mediums used for Reminiscence Therapy and Activities:</b> <ul style="list-style-type: none"> <li>• Visually: photographs, slides. Painting pictures, looking at objects of autobiographical meaning.</li> <li>• Music: using familiar tunes from the radio, C.Ds, or making music using various instruments.</li> <li>• Smell or taste: using smell kits, different foods</li> <li>• Tactile: touching objects, feeling textures, painting and pottery.</li> </ul>	Lecture cum Discussion	Observing	What are the different mediums used for reminiscence therapy?

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
Explain the techniques of reminiscence therapy	30 min	<p><b>Structured Group Reminiscence: An Intervention for Older Adults</b> Sessions will meet for 60 minutes twice weekly for 6 weeks. Group size 25 members.</p> <p><b>Week 1</b></p> <p><b>Session 1</b> Introduction of leaders and members. Concentrate on personal background. Encourage members to bring a picture of an animal or a stuffed animal that represents them. Have them introduce themselves and tell why the animal reminds them of themselves. Have extra stuffed animals available.</p> <p><b>Session 2</b> Remembering the past through songs from the 1920s to 1960s. Play different songs in chronological order. See if members recognize songs, and discuss any special memories associated with the songs. Have members talk about a song that might have special meaning to them and explain why it has special meaning. Encourage clapping and singing</p>	Demonstration	Observing	Performance Of reminiscence technique by the participants

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
		<p><b>Week 2</b></p> <p><b>Session 3</b>            Sharing photographs.            Have a show-and-tell session of personal memorabilia.            Give members time to explain the attachment associated with pictures.            Discuss families.            Discuss friends.            Talk about fun times.</p> <p><b>Session 4</b>            Discussing work/home life or volunteer activities/first job.            Pass around picture cards showing specific occupations.            Discuss children/volunteer activities from the 1920s to 1960s.            Specifically ask questions to get people to talk about "paths not taken."            Encourage participants to bring memorabilia from their career or occupation (badges, pictures, etc.).</p>			

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
		<p><b>Week 3</b></p> <p><b>Session 5</b>  Remembering a favourite holiday.  Discuss holidays.  Bring scents and cues associated with the past.  Sing songs about holidays.  Talk about foods associated with holidays.  Talk about clothes worn on holidays.  Talk about traditions associated with holidays</p> <p><b>Session 6</b>  Remembering school days.  Discuss the first day of school.  Have participants talk about school days.  Show pictures of schools from the 1920s to 1960s.  Discuss teachers and clothing styles.</p> <p><b>Week 4</b></p> <p><b>Session 7</b>  Remembering toys from childhood.  Bring toys from the past.  Discuss first toys.  Discuss unusual toys.  Discuss favourite toys.  Discuss toys made at home.  Show pictures of toys.</p>			

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
		<p><b>Session 8</b>  Remember first date / spouse / wedding / marriage.  Discuss first dates.  Discuss proposals.  Discuss weddings.  Discuss marriages.  Play songs from the past.  Show a short clip of an old movie that includes “courting.”  Have members bring wedding pictures.</p> <p><b>Week 5</b></p> <p><b>Session 9</b>  Remembering family/pets.  Discuss children, pets, and family.  Encourage members to show pictures of their family and pets.</p> <p><b>Session 10</b>  Remembering foods.  Discuss favourite foods of childhood, favourite foods at holidays, and favourite smells.  Discuss recipes.  Have participants bring recipes and discuss memories associated with recipes.</p>			



SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
		<p><b>Week 6</b></p> <p><b>Session 11</b>  Remembering friends.  Talk about friends.  Encourage participants to bring pictures of friends.  Describe the friends in the pictures.  Discuss fun times with friends.  Discuss fun memories.  Discuss friends in the assisted living facility.</p> <p><b>Session 12</b>  Closure.  Have participants talk about their experiences in the group.  Share any last thoughts about the topics discussed previously.  Serve refreshments.</p>			

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
know the effects of reminiscence therapy on depression	5 min	<p><b>Effects on Depression</b></p> <p>Reminiscence therapy has been proven to be beneficial to the elderly because it reduces depression and negative feelings. 68-76% are in success rate in the treatment of depression. Hamilton rating scale for depression, Beck depression inventory, life satisfaction index and others was experienced with in three weeks to determined relief from depression by using psychiatric measures. Published studies father suggest that reminiscence therapy is safe, free of unwanted side effects, cost effective and self-empowering.</p>	Lecture cum Discussion	Observing	What are the effects of reminiscence therapy and depression